1.11.19

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# Ready to respond

**SAFETY FIRST:** First responders and MGH staff participate in the active shooting training.

**ALWAYS BE PREPARED.**

These three words, or variations of, serve as the guiding principle for many groups worldwide – the Boy Scouts, the Girl Scouts, the U.S. Coast Guard. It also is a motto observed here at the MGH.

Every minute of every day, the MGH is committed to ensuring its employees are as prepared as possible should any security threat occur on the hospital's campuses. Part of that commitment includes hosting training events, such as the full-scale emergency preparedness active shooter drill recently conducted by MGH Police, Security and Outside Services and the Center for Disaster Medicine.

"Though life-threatening incidents, like an active shooter, are extremely uncommon, these trainings allow us to ensure that staff are well-prepared for response, that our plans are critically evaluated and opportunities to improve planning are identified," says Bonnie Michelman, executive director of MGH Police, Security and Outside Services. "We do this to get better and to learn."

The training – which took place on Yawkey 4 in the Women's Health Associates office – was

*(Continued on page 4)*

## An EPIC exhibit

**THE PAUL S. RUSSELL, MD** Museum of Medical History and Innovation had its own "EPIC go-live" at the beginning of January – unveiling a short interactive activity that demonstrates to visitors what EPIC is, how it can help ensure accuracy in medication administration and what a nurse may be doing on the computer. In the new permanent museum exhibit, visitors put themselves in the shoes of a nurse taking care of a fictional patient, Sam Surgery, and navigate screenshots of EPIC using a barcode scanner. Visitors should look on the main floor of the museum for the computer cart that would look at home on a patient floor.

The museum – which is free to all visitors – is located at 2 North Grove Street and is open Monday through Friday, 9 am - 5 pm.

**AN EYE ON EPIC:** Russell Museum docent Malhaika Buteau explores the new EPIC activity.

# ResearchRoundup

*RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.*

### TAKING ON AN UNCOMFORTABLE TOPIC IN MENOPAUSE

Researchers at the MGH are developing a new questionnaire designed to encourage productive conversations about an often-uncomfortable topic – the genitourinary symptoms of menopause.

Those symptoms – which include vaginal dryness and pain that can impact sexual activity, urination and other activities of daily life – can have a significant effect on the sex lives and overall quality of life of menopausal women.

Until now, details on the extent and prevalence of these symptoms has been limited by the lack of a standardized way to assess the problem in large groups of women. Communication between patients and providers has also been difficult, as women often consider the symptoms to be a normal part of aging or are embarrassed to discuss them with their providers.

The questionnaire – being developed by a team led by Jan Shifren, MD, of the MGH Midlife Women's Health Center, in collaboration with the North American Menopause Society – is designed to build a larger knowledge base about the health impact of these issues, identify factors that may improve or worsen them, and encourage more conversations about treatments such as lubricants, moisturizers and estrogen therapy.

### RESEARCHERS IDENTIFY FUNCTIONAL MILESTONES FOR CHILDREN WITH DOWN SYNDROME

Researchers at MassGeneral Hospital for Children and colleagues in the Netherlands have identified a set of major functional milestones for individuals with Down syndrome.

In a survey of 2,600 families in the U.S. and the Netherlands, the team found that most people with Down syndrome in the U.S. could walk by 25 months of age, speak reasonably well by age 12, maintain personal hygiene by 13 and work independently by 20. By the age of 31, 49 percent were reading reasonably well, 46 percent could write reasonably well, 34 percent were living independently and around 30 percent could travel independently. Dutch parents reported largely similar results.

"Once a child with Down syndrome is born, parents frequently want to know how well their son or daughter is developing," says Brian Skotko, MD, MPP, co-director of the MGH Down Syndrome Program and senior author of the study. "Now we have guideposts – based on the responses of thousands of parents – that can help clinicians know when children may be falling behind their peers with Down syndrome and, when necessary, refer parents to additional supports, resources and therapies."

### IMAGING STUDY LINKS LOWER LEVELS OF BRAIN ENZYMES WITH COGNITIVE IMPAIRMENT IN SCHIZOPHRENIA

Researchers at the Martinos Center for Biological Imaging found that individuals with schizophrenia produce lower levels of enzymes responsible for regulating gene transcription in a part of the brain that plays a key role in cognitive functions, such as working memory and information processing.

In a study comparing 14 individuals with schizophrenia or related disorders with 17 healthy individuals, a research team led by Jacob Hooker, PhD, director of Radiochemistry at the Martinos Center, found that individuals with schizophrenia had consistently lower levels of histone deacetylase (HDAC) – enzymes in a part of the brain called the dorsolateral prefrontal cortex – with the levels of reduction corresponding to worse scores on cognitive performance tests. The team's use of a PET scan tracer developed at the Martinos Center allowed the first measurement of HDACs in the brains of living individuals.

More research is now needed to better understand the role of HDACs across the entire brain and to track the relationship between HDAC levels and the onset, progression and severity of schizophrenia symptoms. ■

## *A phrase, a mantra, a prayer, a movement*

**"PICK ONE, SIT QUIETLY** and repeat the phrase or movement and relax your muscles. Disregard all other thoughts. The goal is to break the pattern of everyday thinking," said Herbert Benson, MD, director emeritus of the MGH Benson-Henry Institute. Benson continued to outline the steps of the relaxation response during a visit to the MGH Revere HealthCare Center late last year, educating members of the Senior Wellness Program about its benefits.

He first identified the relaxation response approach in 1975 to help reduce stress and its negative effects, including inflammation and high blood pressure. "We have the extraordinary ability to heal ourselves," said Benson. "And anything that finds its roots in stress can benefit from eliciting the relaxation response."

**RESPONSE TO RELAXATION:** Marie Voto, Senior Wellness group member, speaks with Benson following the presentation.

Some participants at the event said they were familiar with Benson's work and shared success stories from past experiences using mind-body techniques. One attendee shared that she had read his book in the 1970s when she was working in a high school with at-risk teens. She practiced the relaxation response with her students and immediately saw the benefits, which included better focus and behavior during class.

According to Benson, the same two steps – the repetition of a phrase mantra or movement, and the conscious act of putting other thoughts out of mind – have been found in religious practices, meditations and alternative medicine practices for thousands of years. "We have discovered nothing new," he said. "But we can add this to the modern approaches to medicine and well-being." ■

**To elicit the relaxation response:**

- Choose a phrase, prayer, mantra or movement
- While seated and breathing deeply, repeat the phrase or movement while relaxing your muscles
- Continue for 10 minutes
- Avoid distracting thoughts and try to push them out of your mind, focusing instead on your phrase or movement
- Repeat practice once or twice daily

# *Diversity and Inclusion in Action: Emmanuela Menard, Human Resources*

**HOW DID YOU COME TO WORK IN YOUR CURRENT ROLE AT THE MGH?**

Fifteen years ago, I started my job in the Core Lab in MGH Pathology. I earned my bachelor's degree in social work, but after three or four years, I felt burned out. In the Core Lab, I had two great supervisors – the type to push you. They would say "Don't get stuck! There is more for you to do!" I was fortunate that they pushed me to keep moving forward and never let me get too comfortable. I went back to school to get my master's degree in Intercultural Relations with a focus on Diversity & Inclusion. I decided to do my internship at MGH and found an opportunity within Pathology.

MENARD

A few months after my internship, I attended the Appreciating Differences workshop offered to MGH employees and expressed my interest in diversity and inclusion work to the presenters. I was redirected to Dianne Austin, director of Diversity, Inclusion & Engagement at the MGH, and that led me to my current role in Human Resources. I now work with the recruitment teams as support staff and work on diversity and inclusion initiatives. I oversee the MGH YMCA Achievers Award as well as some employee leadership development programs, such as The Partnership Inc. Conexion and the Boston Future Leaders program.

**HAS YOUR CAREER PATH TAKEN ANY SURPRISING TURNS?**

Yes, drastically. Pathology and Human Resources are very different. I worked evenings in Pathology. I came in, did my job and left. I had no idea these sorts of programs and resources existed for employees. I have always wanted to get involved and now I am able to. This new role opened a whole new world for me.

During my internship in the Pathology Department, I helped with research on the level of diversity among Pathology residency applicants. I was interested in learning whether we had a diverse pool of applicants and if they were being hired by the department. Since starting my new role, I am looking at MGH as whole – are departments hiring diverse groups, is the hospital representing the communities we serve?

**WHY DO YOU THINK DIVERSITY IN THE WORKPLACE IS IMPORTANT?**

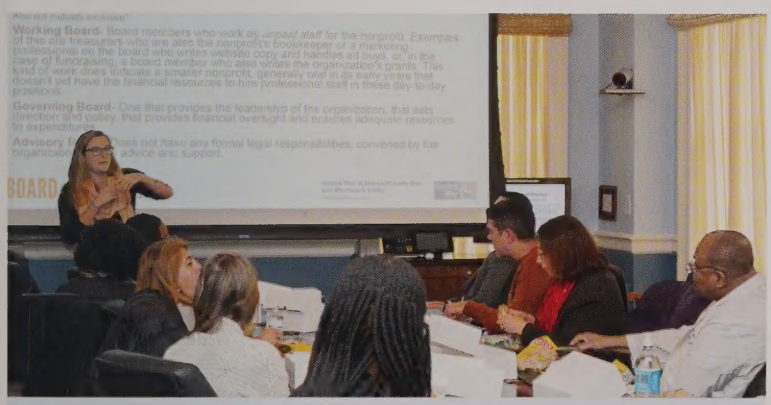
The evening shift group I worked with in the Pathology Core Lab was very diverse. Everyone was from a different ethnic background and brought different outlooks and opinions to the lab. We had international dinners together and celebrated one another's holidays.

I have found that people are productive when they feel valued and appreciated, and they feel confident in their ability to share their ideas, thoughts and opinions. That often leads to better work results.

**WHAT ADVICE WOULD YOU GIVE FOR THOSE LOOKING TO CREATE A MORE EQUITABLE ENVIRONMENT HERE AT THE MGH?**

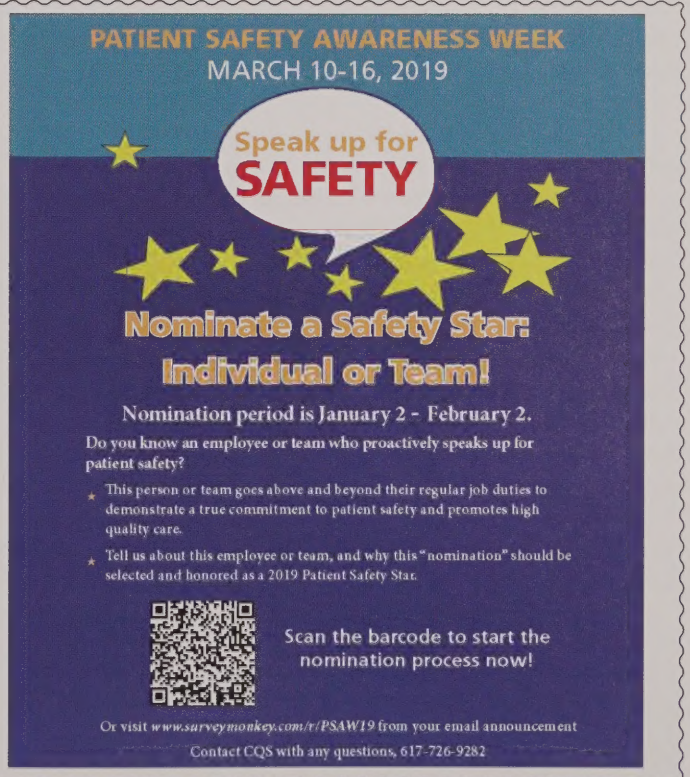
Look critically at what you hope to accomplish in your diversity and inclusion efforts. Stay committed to the plan. Keep educating yourself and your team because the ways to create a more equitable environment are always changing and evolving and we need to work hard to keep up.

*Diversity and Inclusion in Action is a new feature highlighting employee stories of inspiration, perseverance and management best practices in workforce development and diversity. If you know of someone who should be considered for the series, please email a short summary to Emmanuela Menard or Dianne Austin, Human Resources.* ■


Working Board- Board members who work as unpaid staff for the nonprofit. Examples of this are treasurers who are also the nonprofit's bookkeeper or a marketing professional on the board who writes website copy and handles all bags of the case of fundraising; a board member who also writes the organization's grants. This kind of work does indicate a smaller nonprofit, generally one in its early years that doesn't yet have the financial resources to hire professional staff in these day-to-day positions.
Governing Board- One that provides the leadership of the organization, that sets direction and policy, that provides financial oversight and ensures adequate resources to expenditure.
Advisory
BOARD

## Fostering leadership and community

**GIVING BACK:** Emily Stanford, a United Way representative, visited the MGH Dec. 13 to share with MGH staff the benefits of becoming a nonprofit board member. The inaugural event, "Demystifying the Process of Becoming a Nonprofit Board Member," was hosted by the Association of Multicultural Members of Partners (AMMP) and MGH Human Resources. Stanford discussed how to prepare for board service, the responsibilities of serving on a board, and shared how becoming a board member is one way to not only give back to the community but also to build leadership skills. "The goal of the event was to expose employees to professional development benefits of being part of a board as well as promote volunteerism," says Dianne Austin, director of Diversity, Inclusion & Engagement at the MGH.


PATIENT SAFETY AWARENESS WEEK
MARCH 10-16, 2019
Speak up for
SAFETY
Nominate a Safety Star:
Individual or Team!
Nomination period is January 2 - February 2.
Do you know an employee or team who proactively speaks up for patient safety?
This person or team goes above and beyond their regular job duties to demonstrate a true commitment to patient safety and promotes high quality care.
Tell us about this employee or team, and why this "nomination" should be selected and honored as a 2019 Patient Safety Star.
Scan the barcode to start the nomination process now!
Or visit www.surveymonkey.com/r/PSAW19 from your email announcement
Contact CQS with any questions, 617-726-9282

# 2019 Boston Marathon team T-shirts available

**SHOW YOUR SUPPORT** for the Mass General Marathon Team by purchasing this year's limited edition T-shirt. The popular Boston-themed T-shirt design has been updated with bright new colors for 2019. Commemorate the MGH team's efforts in the 123rd Boston Marathon and show the world what Boston and the MGH mean to you. All proceeds from T-shirt sales benefit the causes of the MGH Marathon Teams: Pediatric Cancer, Emergency Response and Home Base. T-shirts are available in the MGH General store or at *www.runformgh.org/tshirt*.

# All standard hospital charges posted online effective January 2019

**EFFECTIVE JAN. 1,** the Centers for Medicare and Medicaid Services (CMS) requires all hospitals nationwide to establish, update and make available on the internet a list of their Standard Hospital Charges/Diagnosis Related Group Charges. This list captures most items and services provided to patients. The new regulations require the list to be available in a machine-readable format that can be accessed by patients and automatically read and processed by a computer.

As every insurer pays hospitals differently, the list of charges does not represent the true costs of care for patients – in fact, the costs are usually significantly less – and it is not a useful tool for patients who are evaluating costs of care. While the intent of CMS is to increase price transparency, this new regulation may create confusion for patients. Clinicians and front-line staff may receive questions from patients about the charge lists and their accuracy.

Partners is working with all hospitals, including the MGH, to ensure they comply with this regulation and to ensure that patients have the appropriate channels to get accurate information about their health care costs. Most Partners hospitals will link to the Patient Billing and Financial Assistance section on *http://www.partners.org*. If a patient goes to the Partners site, they will be re-directed to the best way to request a cost estimate, which is to contact Patient Billing Solutions at 617-726-3884.

For help responding to patients with questions, please review the "Hospital Price Transparency QA" document on Partners Pulse. ■

# – *Be prepared*

*(Continued from page 1)*

held in connection with the Boston Police Department and Boston EMS, and included participants and observers from Spaulding Rehabilitation Hospital, Brigham and Women's Hospital, Newton-Wellesley Hospital, Cooley Dickinson Hospital and Wentworth-Douglass Hospital.

"This is our first time ever doing this kind of exercise here at MGH, and despite some areas and design challenges we'd love to improve on for next time, the experience and feedback from participants was favorable," says Rob Krupa, planning, training and exercise program manager for the Center for Disaster Medicine. "Some things we anticipated and some we did not, but the bottom line is we learned a lot that can help not only the MGH, but other hospitals as well."

Participants did a good job of hiding and keeping themselves safe, Krupa says, but one struggle that several participants experienced – many of whom are caregivers – was their response to the "run, hide, fight" rule. As providers, many staff are trained to help others, so how should they respond when they need to keep themselves safe as well?

"In a health care setting, we don't always necessarily know what to do with the 'run, fight, hide' mantra," says Paul Biddinger, MD, medical director for Emergency Preparedness. "We need to translate this into trainings so that we can understand the conflicts that we experience during one of these crises. It is our obligation to make sure we are ready if we are ever in this circumstance." ■

### EMERGENCY TIPS AND TRAININGS

Because emergency events happen with no advance warning, preparation and being able to be alerted quickly is critical. Employees are encouraged to sign up for the Partners Employee Alert System, *https://pulse.parters.org/eas*, to immediately receive messages from the hospital on cell phones and other devices should an incident occur.

MGH Police, Security and Outside Services also offers several Workplace Violence Prevention trainings – both in-person and online through HealthStream.

- **Code Silver-Active Shooter Training:** This was developed specifically for the MGH to teach staff to recognize potential incidents and to report such incidents proactively. It also addresses the "Run, Fight, Hide" principles.
- **Security Awareness and Vigilance for Everyone (SAVE) Training:** This program is designed to empower MGH employees to recognize and report suspicious individuals.
- **Strategies to Prevent Workplace Conflict and Violence:** This training offers realistic scenarios in the hospital setting and gives employees coping mechanisms to handle difficult situations.
- **M.O.A.B.:** Management of Aggressive Behavior provides strategies for preventing and diffusing aggressive behavior. This seminar empowers the attendees by teaching principles, techniques and skills used to recognize, reduce and manage anxious, aggressive and violent behavior.

MGH 1811
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1.25.19

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# Future footprint: MGH plans for new clinical facility

Courtesy of NBBJ

**PROJECT PROPOSAL:** Rendering of the proposed building looking down Cambridge Street, at right, and the main entrance to the MGH, at left

**THE MGH THIS WEEK** filed a letter of intent with the city of Boston to construct a new state-of-the-art building, featuring 12 levels of clinical inpatient and outpatient space, support services and six levels of underground parking. This project will help meet the growing demands for quality health care and services, address the MGH's capacity challenges, and support and enhance the local community.

The regulatory review process is estimated to take 18 months, and if the project is approved, the first phases of construction could start in 2020.

The proposed building will be situated along Cambridge Street, North Grove Street, Blossom Street and Parkman Street. Preliminary plans call for cancer and heart to be the major centers of excellence in the new facility (*see sidebar on page 4 for more details*). The relocation of several large services will free up space in existing buildings, creating an opportunity to expand other programs, such as increasing beds for mental health services and expanding substance use disorder programs.

As part of the project, the Parkman Garage,

*(Continued on page 4)*

## The LVC marks a milestone

**THE MGH LADIES VISITING COMMITTEE (LVC)** will celebrate a monumental milestone this year – its 150th anniversary. Formed in 1869 by hospital trustees, the original six-member group visited female patients, offering a friendly face and conversation to break up the monotony of their hospital stay.

Now the LVC – among the oldest hospital auxiliaries in the country – is nearly 100 members strong, and the volunteers continue to enhance the MGH patient experience. The results of their dedication to giving back is seen in several departments, projects and programs throughout the hospital. Among its many responsibilities, the LVC oversees seven MGH retail shops. All shop proceeds go directly back into the hospital to fund initiatives including educational offerings – such as tourniquet trainings – Spiritual Care and palliative care programs, bereavement groups, youth summer camps and custom-made blankets.

Throughout the coming year, *MGH Hotline* and Apollo, the MGH intranet, will share stories about this innovative group, the impact the LVC has had over the past 150 years and its plans for the future. ■

LVC
150 YEARS
OUR STORY, OUR GIFT

**DID YOU KNOW?**

A portion of every purchase in any MGH Gift Shops – pictured here in the 1920s – helps fund grant requests throughout the MGH.

# *Concerted effort for Vascular Anomalies Center*

**THE VIETNAM VASCULAR ANOMALIES CENTER (VAC)** celebrated its ninth annual Classical Benefit Dinner Concert on Dec. 8, 2018, hosted by the MGH Department of Dermatology and the Wellman Center for Photomedicine. More than 100 people enjoyed a night of classical music, delicious Vietnamese food and a silent auction, which raised $60,000 for the Vietnam VAC.

The center provides state-of-the-art medical treatment for children in Vietnam with disfiguring birthmarks. Money raised has supported the development of an interventional radiology clinic in Ho Chi Minh City, and a second satellite VAC clinic in Da Nang – expanding access to care throughout central Vietnam.

**DO RE MI, VAC:** Anderson, at right, with the evening's musicians

"To help these Vietnamese children requires a willingness on all sides to invest in the future," says Rox Anderson, MD, director of the Wellman Center for Photomedicine and a founding member of the VAC. "It is an honor to be part of this effort."

This year the Vietnam VAC will celebrate its 10th anniversary. Throughout the past decade, the VAC has expanded access to high-quality medical care for children in Vietnam, provided free care to more than 15,000 children, and has trained Vietnamese physicians and medical staff on modern, safe and effective medical treatments for disfiguring birthmarks and other severe skin conditions in children. Physicians from the MGH – along with Brigham and Women's Hospital, Beckman Laser Institute and Texas Children's Hospital – continue to collaborate with the University of Medicine and Pharmacy of Ho Chi Minh City to offer an increasing amount of free medical services.

For more information, visit *www.VietnamVAC.org.* ■

## Calling all history buffs

**NOMINATIONS ARE NOW OPEN** for the 2019 Patricia R. Austen, RN, MGH History Award, which will be presented annually to an individual or group that has helped showcase, promote or preserve the history of the MGH.

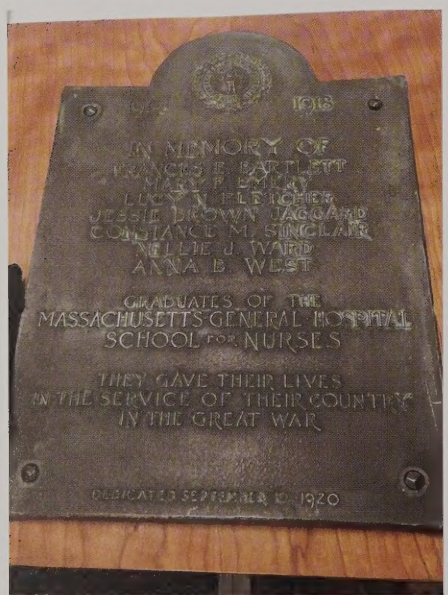
In 2018, the inaugural MGH History Award was given to Austen for her efforts in identifying and preserving the art, artifacts and records that help tell the story of the progress and evolution of the hospital. At that event it was announced that going forward the award would be named in her honor.

Eligibility for the award is broad:

- It can go to an individual or group, either internal or external.
- It can be awarded to clinicians, researchers, artists, authors, hospital volunteers, donors, support staff or anyone who has helped convey the legacy and traditions of the MGH.
- The work could have taken place at any time – whether it be last week or 50 years ago.
- The awardee can be someone who has devoted countless hours to preserving history, someone who authored a departmental history, someone who has pored through the archives to shine a light on an historical event or past member of the MGH community, or a quick-thinking person who rescued a crucial artifact from the trash.

Nominations are due by March 11, and the form can be found at *apollo.massgeneral.org/historyaward.*

If you have questions about the award, contact Sarah Alger, Russell Museum director, at *salger@partners.org.*




## Nursing plaque gets a cleaning

**WHAT DO A HAIR DRYER,** Q-tips, an old toothbrush and specialized metal conservation pastes have in common? The Paul S. Russell, MD Museum of Medical History and Innovation used these items to care for this plaque – pictured, at left, before the cleaning, and, at right, halfway through – which honors graduates of the MGH School of Nursing who died while serving at World War I military hospitals. If a museum artifact is showing signs of its age, museum staff usually leave it alone as long as it is not in danger of deteriorating. This plaque, however, had developed a green-brown patina during its 98 years, and staff chose to return it to its original look. The process included removing a fine layer of aged metal and applying a wax sealant to slow the aging process. The plaque is on display – as part of an exhibit series commemorating the MGH's work during World War I – in the White Lobby now through the end of March. ■

# *Pediatrician calls for advocacy on 'e-cigarette epidemic'*

**NEARLY 20 YEARS AGO,** Jonathan Winickoff, MD, MPH, a pediatrician at MassGeneral Hospital for Children, began to observe the damaging effects of secondhand smoke in his young patients. Today, he is a prominent advocate for protecting children and teenagers from nicotine products such as e-cigarettes, often called "vapes" or "JUULs." Winickoff is a co-founder of the national Tobacco 21 movement, which has successfully raised the legal age for sale of nicotine products to 21 in Massachusetts and in 360 cities and counties in 22 states.

In November 2018, the Food and Drug Administration (FDA) announced restrictions aimed at preventing the sale of many flavors of e-cigarettes to anyone under age 18. The FDA estimates that 3.6 million people under age 18 use e-cigarettes. Winickoff notes that 25 percent of Massachusetts students currently graduate high school as users. He is pushing for more restrictions to keep nicotine products away from teenagers and children and recently discussed the dangers.

WINICKOFF

**WHAT ARE THE DANGERS OF E-CIGARETTES OR VAPING FOR TEENAGERS WHO HAVE YET TO START?**

There is no upside to e-cigarettes for the adolescent nonsmoker. They are probably as addictive as smoked tobacco or more so. The adolescent brain is uniquely susceptible to nicotine addiction. It takes much lower levels of nicotine to cause addiction in the developing brain. It's much harder to quit nicotine addiction if you start as a teenager. And you end up using tobacco products much longer if you begin as a teenager. An adolescent who uses electronic cigarettes is four times more likely to graduate to smoking tobacco. It's also a gateway to other drugs of abuse.

**WHAT ARE THE OTHER HEALTH EFFECTS OF E-CIGARETTES BESIDES ADDICTION?**

Nicotine in the developing brain is associated with mood disorders, anxiety and depression. And the inhalation of ultrafine particles deep into the lungs leads to asthma. These ultrafine particulates are also carcinogens, which can lead to cancer. So electronic cigarettes are not a good deal for adolescents and probably not for society at large, either.

**WHAT ARE SOME KEY DIFFERENCES BETWEEN SMOKED CIGARETTES AND E-CIGARETTES?**

The chemical engineering of e-cigarettes is different from smoked cigarettes. Manufacturers have put ultrahigh concentrations of nicotine solution in them. They formulate it to change the pH, or acid level, making it easy for kids to inhale very high concentrations of nicotine very rapidly. It's also easier to inhale many puffs very rapidly. We estimate that a typical adolescent could become addicted after just half a pod. Research shows the nicotine level in their bloodstreams is higher than it is for teens who smoke cigarettes.

**WHAT DO YOU THINK OF THE NEW FDA DECISION TO ALLOW SALE OF E-CIGARETTES WITH SWEET AND FRUITY FLAVORS ONLY IN AREAS CLOSED-OFF TO ANYONE UNDER AGE 18?**

It's not enough. Those flavors, like bubble gum and others, are meant for children. No adult smoker is going to be attracted to e-cigarettes with bubble gum flavor. The FDA is asking the tobacco industry to police themselves and to come up with a plan to undo the harm they've created.

**WHAT ABOUT HOW THE NEW FDA RESTRICTIONS HANDLE AGE?**

Our policy recommendations call for enforcing our Tobacco 21 laws prohibiting sale of nicotine and tobacco products to anyone under age 21. We recommend the strictest possible penalties for retailers who break these rules, including a penalty of $1,000 for the first underaged user who you sell to, $2,000 for the second offense and $3,000 for the third offense. And these penalties would include revocation of the license to sell tobacco for various periods of time. That gets the message out. Many towns are doing this already.

**ANYTHING ELSE?**

Even better would be to take all these colorful, playful sweet flavors – including mint and menthol – off the market altogether. Kids do not want to vape tobacco flavor. Parents, teachers and pediatricians need to redouble scientific and local advocacy efforts on behalf of children because tobacco product regulation has repeatedly failed at the federal level. ■

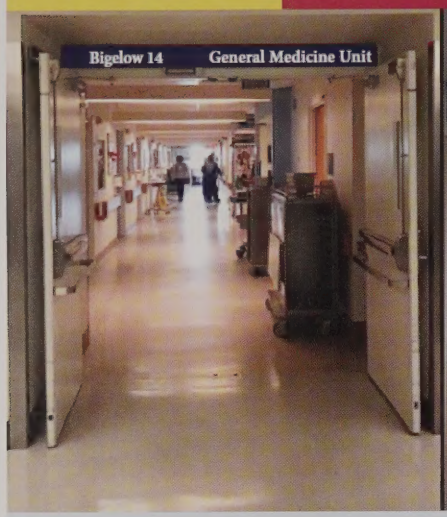
## Going long for *All of Us*

**CHERYL VOTOUR,** patient services coordinator in the Cardiology Division – pictured at left with Jordan Smoller, MD, ScD, director of the Psychiatric and Neurodevelopmental Genetics Unit, and principal investigator for *All of Us* New England – was the lucky recipient of a Rob Gronkowski-signed football for her interest in the National Institutes of Health *All of Us* Research Program. Any MGH employee who stopped by an *All of Us* volunteer table last fall was entered into a raffle to win the football, gifted to the program by Human Resources.

The program's mission is to speed up health research breakthroughs by asking 1 million people to share health information. Researchers use this to conduct thousands of health studies and improve health for generations to come.

"Consider joining this program for yourself, and tell a friend or family member too," says Susan Edgman-Levitan, PA, co-investigator for engagement for the *All of Us* Research Program at the MGH. "This program is our opportunity to create trust and partnerships with the communities we serve and with people who have been underrepresented in biomedical research. We need everyone to get to the 1 million mark, so please spread the word."

Learn more at *www.allofusNewEngland.org.*



## Addressing capacity

**FIRST PHASE:** As part of the MGH's ongoing efforts to address capacity challenges, a bed-reallocation plan will be initiated Jan. 28 on several inpatient units. Vascular Surgery will move from Bigelow 14 to Ellison 19, combining with the Thoracic Surgery unit. Bigelow 14 will now be a General Medicine Unit. "These changes are part of the first phase of a multi-pronged approach to reduce congestion in the Emergency Department, make better use of beds in our inpatient units while also optimizing the colocation of services, and ultimately helping to enhance timely and efficient patient care," says Peter Dunn, MD, vice president, Perioperative Services and Healthcare System Engineering, who is overseeing the Capacity Committee's efforts.

## Submit a Patient Experience Award nomination

**NOMINATIONS FOR THE** sixth annual Patient Experience Awards are now open. The program has two components – awards based on excellent or improving survey results, and awards based on nominations for individuals, leaders and/or departments, programs or teams. Nominations are being accepted through Feb. 15 for three categories of awards:

- Individuals who put the needs of our patients and their families first.
- Leaders who inspire their teams to provide outstanding service.
- Departments/programs/teams whose work contributes to the patient experience.

Visit *apollo.massgeneral.org* for a nomination form or contact Cindy Sprogis at *csprogis@partners.org*. Award winners will be recognized at a ceremony led by senior leaders on April 25. ■

## – *New facility*

*(Continued from page 1)*

Lawrence House, Ruth Sleeper Hall, the West End House, the Professional Office Building and an unoccupied structure on North Anderson Street will be removed. In addition to the clinical building, the MGH plans to construct a seven-story campus services facility on Blossom Street, helping to strengthen and modernize its utilities. ■

**BIRD'S-EYE VIEW:** Aerial view of the proposed building

### AT A GLANCE

The new building will offer approximately 1 million gross square feet of inpatient and outpatient clinical space, room for support services and areas designed to enhance the staff and patient experience. Features include:

- Six floors of inpatient units with approximately 450 beds, as well as operating/procedural/interventional space, imaging, exam rooms and infusion centers. (Some beds in current buildings will be decommissioned, so the net gain is about 100 to 200 new beds.)
- Inpatient beds with a focus on cancer and cardiac care, as well as beds for general medicine, thoracic surgery and vascular surgery.
- Spaces for dietary, pharmacy and clinical support services, a café and retail space on the street front.
- A campus services facility to replace the current service building at the corner of Blossom and Parkman streets.
- Six levels of underground parking with more than 1,000 parking spaces, largely replacing the Parkman Garage's current spaces.

MGH 1811
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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# MGH receives $50 million gift

## *Philanthropists James S. and Carol J. Herscot support the Herscot Center for Tuberous Sclerosis Complex, capital projects, hospital initiatives*

Photo courtesy of Alethia Williams

**GENEROUS GIFT:** Slavin and the Herscots

**WITH ONE OF THE LARGEST** philanthropic gifts in the MGH's more than 200-year history, philanthropists James S. and Carol J. Herscot have committed $50 million to support a variety of capital projects, initiatives, and the Center for Children and Adults with Tuberous Sclerosis Complex (TSC) that bears their name. In honor of their generous and historic support, the MGH will name the building that houses the Herscot Center – the Carol and James Herscot Building. The outpatient facility is located at 175 Cambridge St. in Boston's Charles River Plaza.

"Jim and Carol have been among the hospital's strongest supporters and champions for more than 50 years," says Peter L. Slavin, MD, MGH president. "Through founding the Herscot Center and providing vital support for other hospitalwide efforts, their vision, friendship and generosity has been enormously helpful to advancing the MGH mission."

The gift was announced Feb. 5 during a reception at the Palm Beach, Florida, home of longtime hospital benefactors Gerald R. Jordan, Jr., director of MGH President's Council, and Darlene Jordan, a member of the MGH Fund Leadership Council. The dinner featured remarks from Slavin and Merit Cudkowicz, MD, MSc, chief of Neurology at MGH.

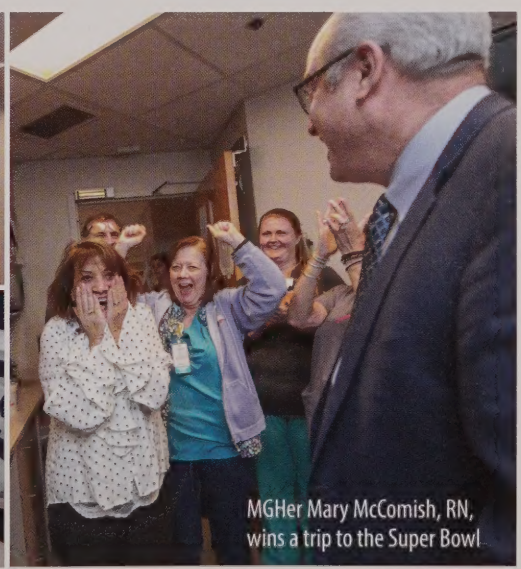
The Herscot family legacy is one of steadfast commitment to

*(Continued on page 4)*

## Super Bowl smiles

Members of the MGH on the Patriots medical staff with the Lombardi Trophy

Tailgate party at Eat Street Café



MGHer Mary McComish, RN, wins a trip to the Super Bowl

# RESEARCH ROUNDUP

## Video visits show promise as an alternative to some in-office doctor appointments

From navigating through traffic and finding a parking spot, to asking someone to watch the kids, simply getting in to a doctor's office for an appointment can often take more time and effort than the appointment itself. What if patients could skip the trip and talk directly to their care team online instead?

An MGH research team has found that virtual video visits – personal video chats between patients and their health care providers via computers or tablets – can successfully replace office visits for many patients without compromising the quality of care and communication.

Video visits have been offered through the MGH TeleHealth Program since 2013 and are available to patients receiving care in psychiatry, cardiology, primary care and oncology. Telehealth is a broad term for using electronic communication technologies to deliver health care services.

Virtual visits were found to be especially helpful for older patients with transportation challenges and for parents of children who needed to make frequent appointments. The team's conclusions were gathered from a survey of 254 patients after their first video visit and from 61 clinicians who participated in the first full year of the MGH program.

"Our findings confirm what I felt in my gut, which is that what patients value most is uninterrupted time with their doctor, and they put up with all the other challenges required to come see us," says Lee Schwamm, MD, director of the MGH Center for TeleHealth and of the MGH Comprehensive Stroke Center, executive vice chairman of the Department of Neurology, and senior author of the study. "Telehealth gives them more of what they want most and gets rid of the stuff they don't want."

## 'Happiness' exercises can boost mood in those recovering from substance use disorder

On the long, hard road to recovery from a substance use disorder, it may be that a little happiness could go a long way.

A team from the Recovery Research Institute at the MGH recently conducted an online survey of 500 adults who reported current or previous problems with substance use. Participants were assigned one of five short, text-based exercises and then assessed their current levels of happiness.

The greatest gains in happiness came from those who completed an exercise called "Reliving Happy Moments." Participants chose one of their photos that depicted a happy moment and described what was happening at that time.

An exercise called "Savoring," in which participants described two positive experiences they noticed and appreciated during the preceding day, led to the next highest gains, followed by "Rose, Thorn, Bud," which asked participants to list a highlight and a challenge from the preceding day, and something they looked forward to the following day.

Because the exercises are short, easy to use and provide measurable results, they could be a valuable tool to help those in recovery maintain a positive mindset through a challenging process, the authors note.

"These findings underscore the importance of offsetting the challenges of recovery with positive experiences," says Bettina Hoeppner, PhD, senior research scientist at the Recovery Research Institute and lead author of the study. "Recovery is hard, and for the effort to be sustainable, positive experiences need to be attainable along the way."

# *MGH hosts Joint Commission mock survey*

**ON JAN. 29 AND 30,** a survey team from The Joint Commission – the independent nonprofit organization that accredits and certifies more than 19,000 health care organizations and programs in the United States – was invited to complete a two-day consultative mock assessment of the MGH. The survey team examined patient care areas, outpatient practices and facilities.

"The surveyors were generous with their praise of our organization – the staff, facilities and the care we give our patients," says Claire Seguin, RN, DNP, associate chief quality officer, Lawrence Center for Quality and Safety. "The Joint Commission visit in many ways validated our current surveillance methods and more importantly advanced our progress toward Excellence Every Day by informing our current improvement efforts. For example, they recommended hardwiring safety stops in our electronic health record when possible."

The Joint Commission conducted its last triennial reaccreditation survey in November 2017.

"We'd like to thank the MGH community for welcoming the surveyors, especially those who took time from their daily work to demonstrate the excellent care we provide," says Seguin. ■

**THE NINTH ANNUAL** Cupcake Tasting Event is back this month at the MGH Blood Donor Center. Donors – such as Aaron Tripp, of MGH Neurology, pictured above – who come in any Thursday in February can enjoy a sampling of some of Boston's best cupcakes. This year's lineup features treats from Lyndell's Bakery, Montilio's, Magnolia Bakery, Treat Cupcakes, Sweet, Yum Bunnies, JP Licks, Georgetown Cupcake and Party Favors.

Also during February, all blood and platelet donors will receive a special long-sleeve MGH Blood Donor Center T-shirt.

"Blood donation is even more important right now, as we have reached a critical need for Type O blood," says Kim Cronin, Donor Services manager. "If you have the time to donate in the upcoming weeks, please come by."

Walk-ins are welcome or contact Alyssa Greenstein at 617-726-8171 or *argreenstein@mgh.harvard.edu* to book an appointment.

# Neurology team honored with Bowditch Prize

**THE MGH NEUROLOGY** Comprehensive Consult Service Leadership Team was honored with this year's Nathaniel Bowditch Prize, recognizing the group's efforts to redesign care delivery in the MGH Emergency Department (ED). As part of their efforts, the team was able to reduce the length of stay in the ED by 14 percent – or an average of 1.5 hours per patient – and saved the MGH an estimated 140 bed days with a cost savings of about $1.4 million by the second year.

"We are honored by this award and very pleased to share this recognition with all of the providers on the Neurology Comprehensive Consult Service," says Mallory Davis, administrative director of Neurology. "The expedited patient disposition decisions and actual reduction in ED length of stay are impressive, but we are also proud of the impact this team has had on patient care. We have anecdotal data that indicates patients are getting to see a Neurology attending faster than before and that our residents are grateful for the increased teaching and oversight in the ED."

The Bowditch Award is given annually by the MGH Board of Trustees to an individual or team who enhances the delivery of quality patient care at the MGH while also reducing the cost of that care. It is named for Nathaniel Bowditch, a 19th century pioneer of celestial navigation whose family has a long history with the MGH.

"This year there were 13 team and three individual nominees – for a total of 196 nominated individuals," said Andrew Warshaw, MD, surgeon-in-chief emeritus and chairman of the Bowditch Prize Selection Committee. "All the nominations were for outstanding contributions, and every effort was remarkable."

**OUTSTANDING CONTRIBUTIONS:** From left, Meg Kotarski, executive director, Neurology; Omar Al-Louzi, MD, Neurology; Kasey O'Keefe, administrative manager, Ambulatory Clinical Operations; Merit Cudkowicz, MD, chief of Neurology; Marcelo Matiello, MD, director, Neurology Inpatient Services; David Caplan, MD, Neurology; and Warshaw

Nominees for the 18th annual award were honored at a Jan. 30 ceremony in the Trustees Room, where their commitment to identifying, testing and disseminating these innovative and inspired ideas was celebrated.

Along with Warshaw, speakers included Timothy G. Ferris, MD, MGPO CEO, Cathy Minehan, chair of the MGH Board of Trustees, and Peter L. Slavin, MD, MGH president.

"Your desire to think creatively strengthens the already high-quality care we deliver to our patients and helps make the MGH a leading health care resource for the community, the region and the world," said Slavin. ■

## Valentines for Veterans

**DESPITE SUBZERO TEMPERATURES** – and the loss of power at the Wyndham Hotel – more than 50 MGHers gathered on the hotel's 15th floor Jan. 31 to create Valentine's Day cards for area veterans.

Hosted by the MGH Military Veteran Partners (MVP) group, the fourth annual Valentines for Veterans event brought together staff, friends and families – some who walked up the 15 flights of stairs – who put their artistic abilities to work to create hundreds of cards. The handcrafted valentines will be delivered to veteran patients at the MGH, as well as area VA hospitals, Spaulding Rehabilitation Hospital and the New England Center for Homeless Veterans.

Annually, the week of Feb. 14 represents a national effort to recognize and thank the men and women of our armed services for their service. The MVP also will host will host valentine-making tables in the White corridor on Feb. 12, from 11:30 am to 1:30 pm.

The MVP welcomes any MGH employee, both veterans and non-veterans, to join. To learn more, email *MGHVETpartners@partners.org.*

# *Practice makes readiness: MGH hosts Ebola exercise*

**THROUGH THE GLASS DOORS** of three rooms in the Medical Intensive Care Unit (MICU), teams at the MGH recently got a window into what it would look like to treat two patients for Ebola Virus Disease.

The full-scale exercise – hosted by the MGH Biothreats Response Team – came just two months after the hospital announced it would participate in an international Ebola clinical trial to study ZMapp, an experimental treatment which uses three antibodies to treat the disease.

"We've never cared for a patient with Ebola at MGH, but given the ongoing outbreak in the Democratic Republic of the Congo, and the ease by which people travel internationally, we need to maintain readiness for Ebola and other high-consequence infectious diseases," says Erica Shenoy, MD, PhD, associate chief of the MGH Infection Control Unit, medical director of the Biothreats Care Unit and the local principal investigator for the ZMapp trial.

In 2015, the MGH was designated a regional center for Ebola and other infectious diseases by the federal government. As part of the designation, the hospital conducts several annual training and planning sessions.

**CAREFUL CONTAINMENT:** MGH staff participate in an Ebola drill.

Participants in the most recent exercise in December 2018 practiced receiving two patients – a pediatric mannequin and an adult actor, playing the role of a child's mother. Both were isolated and transported to the MICU, which becomes a biocontainment unit once activated for the treatment of Ebola. There, hospital responders demonstrated the way to properly don and doff personal protective equipment and remove contaminated waste. They also reviewed best practices in administering ZMapp and responding to an adverse reaction to the treatment. Staff from the Center for Disaster Medicine, Infection Control and the Biothreats Response Team served as evaluators for the simulation, offering feedback in real time.

"These drills help us improve our work and make adjustments as needed," says Meghan Crann, RN, of the MICU. "It was during one of the early exercises when we realized we needed a resource nurse outside the patient room, wearing a headset and communicating with the team inside, to better manage and facilitate care."

Crann says she also has visited another regional facility that previously treated a patient with Ebola. "While our practice is just in theory right now, speaking to those providers drove home the message to me that this could very easily become real life."

# *– Herscot gift*

*(Continued from page 1)*

supporting the very best in patient care, advancing the latest science and educating the next generation of caregivers. Thanks to a $10 million gift in 2005, the hospital established the Herscot Center for Children and Adults with Tuberous Sclerosis Complex. Another gift of $17.5 million gift followed in 2017.

TSC is a rare genetic disorder that affects 40,000 to 80,000 people in the United States and as many as 2 million people worldwide. In TSC patients, tumors grow throughout the body, and the disease alters fundamental cellular signals and can affect every organ in the body, including skin, kidneys, heart, liver and lungs. One of the most frequently affected organs is the brain, where it causes a wide variety of symptoms such as seizures, autism, cognitive impairment and mental health disorders. Because of the wide variation and range of symptoms, the disease is often misdiagnosed.

For the Herscots, the center's mission and work is personal. Their son Brad was diagnosed with TSC nearly 50 years ago and since that time, the Herscots have devoted themselves to helping other patients and families affected by the disease.

Led by Elizabeth Thiele, MD, PhD, a world expert in TSC and epilepsy, the Herscot Center seeks to improve diagnosis, treatment and research of TSC. It has become one of the largest centers of its kind, providing comprehensive clinical care to hundreds of patients annually. The Herscot Center also performs and publishes important clinical research that improves understanding of TSC and helps to educate physicians worldwide about its diagnosis and treatment. ■

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# MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

## Listen rather than tell

**"THE HALLS OF THE MGH** have changed, people have changed, the country has changed, but the work that we do and the values that we have, have not changed," said Darnell Williams, president and CEO of the Urban League of Eastern Massachusetts and former manager of MGH Management Recruitment and Development in Human Resources.

Williams was the keynote speaker at the annual MGH MLK Gospel Celebration Breakfast on Feb. 1 in honor of Rev. Dr. Martin Luther King Jr. The breakfast – sponsored by the Association of Multicultural Members of Partners (AMMP) – also featured empowering quotes from King and musical selections performed by the Gospel Unlimited Ensemble directed by Elder Hu White.

This year, a familiar face at the MLK breakfast was in for a surprise. Jeff Davis, who recently retired as the senior vice president of Human Resources, was honored with AMMP's first Diversity Champion Award. Williams shared the impact that Davis had on his career and the fondness with which he looks back on his time working at the MGH. "Jeff and I would meet for lunch and discuss how to improve the MGH community," Williams said. "We would discuss how to destroy walls of emotional indifference and perceived obstacles. Neither of us would come to the table with an agenda, instead we would just talk. A lot of successful programs came out of our dialogues."

While accepting his award, Davis shared advice about leadership. "Good leadership is mostly listening rather than telling, and mostly following rather than directing. When you retire, people tend to credit you with things you didn't necessarily do. All I have done is say 'yes' to the amazing ideas that people bring to me."

During the event, another group of diversity champions

*(Continued on page 4)*

**ISLAND TIME:** A ribbon-cutting ceremony marked the opening of the new facility.

## Nantucket Cottage Hospital celebrates opening of new campus

**THIS WEEK, NANTUCKET COTTAGE HOSPITAL (NCH)** opened its doors to patients on a new campus, the first new hospital for the island community in more than 60 years. Built entirely through private donations, the almost $90 million, 14-bed, 106,000-square-foot hospital completely replaces Nantucket's former facility constructed in 1957. Additionally, the new NCH sets a national standard for small community hospitals, offering state-of-the-art equipment with expanded outpatient services and increased capacity for inpatient care and surgery. The Feb. 20 opening of the new hospital provides patients with a central location for all their health care needs, including primary, emergency and specialty care, and diagnostic testing.

"Our new hospital is the incredible result of a small island community coming together to do something big," said Margot Hartmann, MD, PhD, NCH president and CEO. "This dynamic new facility will give our patients the best of both worlds, allowing us to leverage the expertise and resources of our trusted affiliate Massachusetts General Hospital, paired with the comfort, tradition and familiarity of Nantucket's beloved community hospital."

As the only health care facility on the island, NCH plays a vital role in the lives of year-round residents and visitors, managing the health care needs of a community which experiences seasonal swings in population between a year-round community of approximately 17,000 residents and nearly 50,000 during the summer months.

Because the island of Nantucket is designated as an historic district, the new hospital required approvals from the island's architectural review board. It also meets hurricane design specifications established by Miami Dade County – some of the strictest in the country – allowing it to withstand winds

*(Continued on page 4)*

# *Diversity and Inclusion in Action: Daniel Urizar, Environmental Services*

**HOW DID YOU COME TO WORK AT THE MGH?**

I was born in Guatemala and moved to Providence, Rhode Island, when I first moved to the United States. I met my wife in Boston and we have been married for 10 years. My wife, Reina Maldonado, a medical assistant in Obstetrics and Gynecology, and her mother encouraged me to apply at MGH. They said this is a place with a lot of room for growth. I started working here in August 2011 part time in Environmental Services in the Emergency Department. After a about a year, I got my first promotion. I chose MGH because it's a big place full of opportunities.

**HAVE THERE BEEN CHALLENGES ALONG YOUR CAREER PATH? IF SO, HOW DID YOU OVERCOME THEM?**

You will always hear a mix of positive and negative feedback. People told me that there were too many people in line for the promotion I applied for, or that I was too new here and should wait my turn. I didn't listen and decided to focus on my goal to grow and build good relationships with my coworkers.

**HAS YOUR CAREER TAKEN ANY SURPRISING TURNS?**

With the support of my manager I was able to participate in programs like ESOL classes and the Be Fit Latino program. I completed both programs and became the chairman of Be Fit Latino. The success of Be Fit Latino opened another door for me as it introduced me to the Committee for Latino Initiatives. This program has added valuable skills to my professional development, requiring me to perform presentations in both English and Spanish to recruit employees to participate. Be Fit Latino has been so successful that it now has a waitlist to participate.

**WHAT DO YOU SEE AS YOUR ROLE IN DIVERSITY AND INCLUSION EFFORTS HERE AT THE MGH AND IN YOUR OWN COMMUNITY?**

At the MGH, people come from all over. Part of our jobs is to make everyone feel welcome. Outside of work, I coach my son's soccer team in West Roxbury. I also serve as a music instructor for a 20-member bilingual musical group with my community church. We often receive invitations to perform at music shows and out-of-state conferences. That always touches my heart because we need these sort of programs to build community.

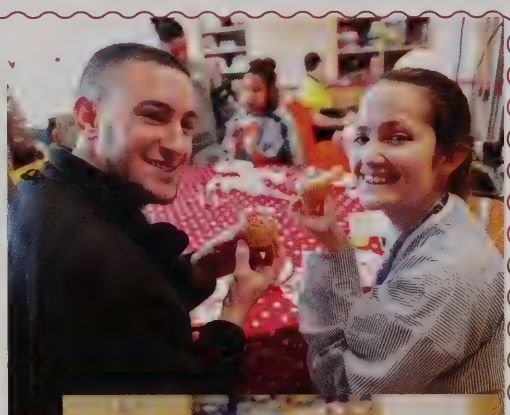
**WHAT ADVICE WOULD YOU GIVE THOSE LOOKING TO CREATE A MORE EQUITABLE ENVIRONMENT HERE AT THE MGH?**

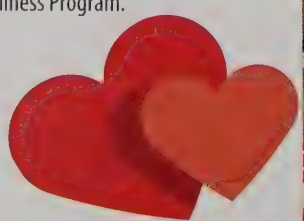
I learned from my parents that respect is the key to open any door in your life. They also taught me to treat people in a way they wish to be treated rather than the way you wish to be treated. At MGH, I think it is important to be willing to learn, accept feedback and listen to the concerns of those around you. Even the most enlightened individual can find opportunities for growth.

*Diversity and Inclusion in Action is a new feature highlighting employee stories of inspiration, perseverance and management best practices in workforce development and diversity. If you know of someone who should be considered for the series, email a short summary to Emmanuela Menard or Dianne Austin, Human Resources.* ■

## Heartfelt holiday

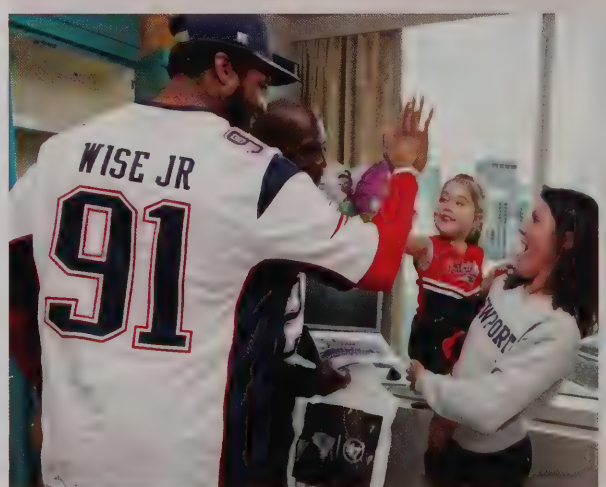
Love was in the air – the love of sugar that is – on Valentine's Day during the "Sweets & Selfies" event sponsored by the PUPP (Police Uniting with Pediatric Patients) program. On Feb. 14, patients – including Elizabeth Rufo, below, with McGruff the Crime Dog, and Haley Osborn, 12, above, with officer Matthew McGue – and their families joined MGH police officers to decorate cupcakes with pink, red and white frosting and top them with heart sprinkles and conversation heart candies. McGruff made an appearance to take selfie photos, complete with Valentine-themed photo booth props. The PUPP program is a partnership between MGH Police, Security and Outside Services and the MassGeneral Hospital John Hancock Child Life and Wellness Program.





## Bringing home the hardware

Two members of the New England Patriots Super Bowl Championship team touched down at MassGeneral Hospital for Children on Feb. 14 for a victory parade. Players Duron Harmon and Deatrich Wise Jr., with the Lombardi Trophy in hand, visited pediatric patients – including Madison Rifkin, 3, below – and their families, signing autographs and handing out Patriots goodie bags.



# *Running for Rachel*

**FOR BIANCA MARTINEZ** and her best friend Rachel Hunt, running the Boston Marathon always seemed like a distant dream. The running duo – Martinez an aspiring physician and Hunt an aspiring nurse – were known for their 5 am runs during their undergraduate years at Texas A&M University. Their many late nights together included studying, drinking too much coffee and talking about running. Those runs and late nights unfortunately ended the day after Hunt's 23rd birthday, when she died from brain cancer.

"It was Rachel's dream to run the Boston Marathon," says Martinez, who will run her first marathon as part of MGH's Pediatric Hematology & Oncology Marathon Team. "I can only hope that by running this marathon, I am doing her an honor, as well as helping the millions of children who are currently battling cancer."

**FAST FRIENDS:** Martinez and Hunt

Thanks to a partnership with John Hancock, the *Fighting Kids' Cancer, One Step at a Time* team has raised more than $14 million in recent years to support the pediatric hematology-oncology program at MassGeneral Hospital for Children. The money supports cutting-edge research and clinical studies to help improve cure rates and provide the best treatment possible to the hospital's youngest cancer patients.

"During our undergrad years when the Boston bombing occurred, I remember Rachel and I running as far as our legs could take us," says Martinez. "The day following the marathon, we were wearing our blue and yellow attire to represent Boston and all those who we had lost. I now find myself living in Boston, a place that Rachel dreamt of living and working, and no matter where I go, I take her with me."

Martinez works at a biotech company whose mission is to advance cancer care by helping physicians match patients to more treatment options as well as accelerating the development of new therapies through genomic profiling. Her goal is to get into medical school and eventually become one of those physicians.

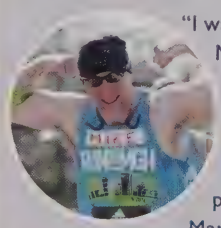
"The most significant lesson I've learned so far from friends I have lost to cancer is to never take anything for granted," Martinez says. "So often we hear this phrase, but it is not until you lose something so valuable that you truly understand the meaning. Live each day to the fullest and never be afraid to chase your dreams."

*In addition to the Pediatric Hematology & Oncology, Emergency Response and Home Base teams – sponsored by John Hancock – runners also will support the Run for MGH team, which raises funds for hospital programs close to their hearts, including Caring for a Cure, cystic fibrosis, Down syndrome, the Lurie Center for Autism and the Mootha Lab.* ■

## Marathon motivation:

"Originally, I was inspired to run the Boston Marathon after the bombings happened in 2013. At the time, I honestly never thought I could run a marathon. I finally felt ready this past year to tackle the historic Boston route and I wouldn't have it any other way than running for Mass General Hospital's Emergency Response Team. I've learned that the running and training aren't about the running itself, but what and who you are running for. This race, I'm not running for me, I'm running for the city of Boston, MGH and all first responders."

**HALEY VAN ORMAN**, MILITARY POLICE OFFICER IN THE UNITED STATES AIR FORCE, EMERGENCY RESPONSE TEAM, SECOND MARATHON



"I was inspired to join the 2019 Mass General Marathon Team for Pediatric Hematology & Oncology after watching and cheering on my wife at the 2017 and 2018 Boston Marathons. I proudly ran the 2016 Boston Marathon, but I swore I was 'one and done'. After watching my wife and experiencing the excitement of Marathon Monday from the other side of the barrier, it gave me the itch to get back out on the course. Simply stated, I really don't like running, but I HATE cancer."

**MIKE HASTIE**, PEDIATRIC HEMATOLOGY & ONCOLOGY TEAM, SECOND MARATHON

"First responders saved my uncle's life and helped my mom through her scary moments with diabetes. They saved my life when I was in my addiction. Without them, I wouldn't be here today. So far, my marathon training has mirrored my life. Right now, I'm struggling to slow down. I've learned to be patient and I see progress. If I could overcome addiction, I can do this race, and I am overwhelmingly grateful and humbled to represent the Emergency Response Team."

**MATTHEW DANTO**, EMERGENCY RESPONSE TEAM, FIRST MARATHON

## Footwear with flair

**JOREN MADSEN, MD, DPHIL,** director of the MGH Transplant Center and co-director of the Center for Transplantation Science, received a special pair of sneakers for his birthday this year, designed by his niece Kendall Gregory, a graphic design student at Boston University.

"I started by incorporating a series of transplant-related images and symbols, such as the MGH shield," says Gregory. "From there, I sketched out a couple of shoe mock-ups before outlining the final design in pencil and tracing with thin black lines before coloring in and creating patterns to surround the images." Gregory has designed more than 20 pairs of custom sneakers, with each taking 8 to 10 hours to complete.

"This was such a wonderful birthday surprise capturing my passion for transplantation, surgery, science and the MGH – all in a pair of shoes!" says Madsen, who displays them proudly in his MGH office.

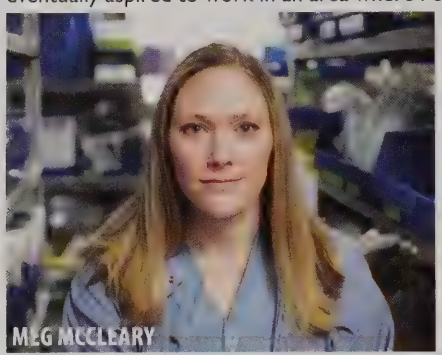
# Cardiac care runs in their blood

**NANCY MCCLEARY, RN,** and her daughter Margaret "Meg" McCleary, RN, share the same last name – and a shared career in Cardiology at the MGH. Meg is clinical nurse manager for the Cardiac Catheterization Lab, where tests and procedures are performed to diagnose and treat cardiovascular disease. Nancy works as a nurse and counselor in MGH Cardiac Rehabilitation, a program that addresses treatment and prevention of heart problems through diet, exercise and mindfulness tools. In recognition of February as Heart Month, *MGH Hotline* asked the mother-daughter duo to weigh in on what calls them to cardiac care.

### HOW DID YOU CHOOSE A CAREER IN CARDIOLOGY?

**Nancy:** Early in my career I worked on a cardiac surgical floor, and along with one of my friends on staff, we initiated an exercise and relaxation class for post-op patients getting ready for discharge. I fell in love with teaching and Cardiac Rehab was a natural next step. Essentially, we are coaches who help cardiac patients learn about their disease, what they can do to lower their risk and overall reach a higher level of wellness.

**Meg:** I started my nursing career in a Neurosciences ICU at Georgetown University Hospital. I enjoyed learning cardiovascular concepts more than Neurology where everything felt like a gray area – no pun intended. I eventually aspired to work in an area where I could develop more rapport with my patients and see them improve.


MEG MCCLEARY

I transitioned into procedural nursing by working in Interventional Radiology. When I moved back to Boston in 2013, I felt inclined to try Cardiology. The Cardiac Cath Lab married my interests in fast-paced ICU-level care, procedural nursing and Cardiology. My mother's path and love for the MGH Heart Center certainly influenced my decision. Now I enjoy sharing patients with my mom and seeing her in the halls of MGH.

### WHAT IS THE MOST REWARDING PART OF YOUR JOB?

**Nancy:** The most gratifying part of my job is making close connections with my patients. I feel blessed to be at a job where I may have made a small difference in someone's life and well-being. I also enjoy being part of the ever-changing landscape of Cardiology treatment.

HEART HEALTH: Nancy McCleary, right, monitors a Cardiac Rehab patient

**Meg:** As a staff nurse, I love working seamlessly as a team during emergencies, like a well-oiled machine. In my role as nurse manager, I enjoy witnessing our staff interacting with patients, giving them a sense of ease in an anxiety-provoking procedural environment. Moreover, I appreciate working on initiatives to improve patient care on a systems level, including redesigning our response to inpatient heart attacks and improving efficiency in our cath lab operations.

### WHAT IS THE MOST IMPORTANT THING YOU WOULD SHARE ABOUT TAKING CARE OF YOUR HEART HEALTH?

**Nancy:** I believe making your own self-care a priority is the single most important way to take care of your heart health. We will then take the time to exercise, eat well and nourish our souls with meditation and mind/body practice. First though, we have to believe we are important enough to do this.

**Meg:** She stole my answer! The most important thing in optimizing heart health is reducing stress and inflammation. One can achieve this by nourishing the body and mind via a plant-based diet, consistent cardiovascular exercise, daily ("-ish") meditation and adequate sleep. Easier said than done, but worth the effort! ■

## – *MLK*

*(Continued from page 1)*

who said 'yes' to service was recognized as the 2019 YMCA Achievers, each nominated for their accomplishments within the MGH and in their communities. This year's recipients were Asha Abdulahi, surgical technician, Operation Room Nursing Service; Efren Flores, MD, Radiology; Junie Joseph, patient service coordinator, Cancer Center, Matthew Heron, support service team manager, Patient Care Services; Pamela Cazeau, associate director, Development; and Saheeda Mohammed-Kelly, RN, Labor and Delivery.

For more information about AMMP, visit the organization's page on Apollo, the MGH intranet.

## – *NCH opening*

*(Continued from page 1)*

of more than 185 mph. All mechanical systems have been installed on the roof, rather than in a basement.

Also celebrated during the opening was the unprecedented $120 million capital campaign – the largest in Nantucket history – that allowed the new campus to be built free of debt and with no taxpayer dollars. Following the completion of the new hospital project, NCH will use the remaining capital campaign funds to build new staff housing units to help address the island's affordable housing crisis, fulfilling the promise of the new facility.

"We felt that building a true campus with not just a cutting-edge hospital, but also on-site housing, would give us flexibility for our staff that we never had in the past," said Bruce Percelay, chairman of the hospital's capital campaign, whose family provided the lead $10 million gift for the new facility with the condition that the campaign would also include staff housing. "We are proud to have been a part of an island-wide effort that will change health care delivery on Nantucket for the next generation." ■

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MOVING FORWARD: Baby Brooks' short life is taking on new meaning as Caitlin and Rich Hill, above, strive to help other families find answers.

# Season of hope

**BABY BOY BROOKS HILL** lived just two days shy of two months, but his life is taking on a larger meaning thanks to his parents, Caitlin and Rich Hill, and their enthusiastic support for the work of David Sweetser, MD, PhD, director of the MassGeneral Hospital for Children (MGHfC) Genetics and Metabolism Program and site director of the MGH Undiagnosed Disease Network. The medical detective work done by Sweetser – a specialist in rare and undiagnosed diseases – led to a surprising discovery about the family's genes.

Both natives of Milton, Massachusetts, Caitlin and Rich – a standout pitcher who was drafted by the Chicago Cubs in 2002 – have journeyed around the country as he pitched for a variety of major and minor league teams, including the Red Sox minor league team.

In 2011, their first son, Brice, was born. Two years later, on Dec. 26, 2013, Caitlin gave birth to Brooks at the MGH. Though thrilled to welcome their second son into the world, Caitlin noticed the baby had a weak cry and thought his thumbs seemed clenched, as if they could not extend properly. Rich saw that Brooks' limbs were not fully straightening out. "Why are his arms like that?" he remembers asking a doctor.

Hours after Brooks was born, Caitlin and Rich met Sweetser, who, as the specialist on call, was examining Brooks carefully. Sweetser and the MGHfC team ordered ultrasounds to detect structural abnormalities in Brooks' heart or kidneys. They took urine and blood samples to help narrow down the list of possible genetic mutations and rule out certain conditions.

Sweetser also sent out Brooks' blood samples for a new, highly detailed genetic screening test known as "whole exome sequencing," which can reveal the genetic mutations underlying a disease – but getting results can take months.

The Hills felt they were in good hands. "We just knew that he knew what he was doing," Caitlin says.

Knowing that Brooks' unusual thumb shape can be a clue to brain

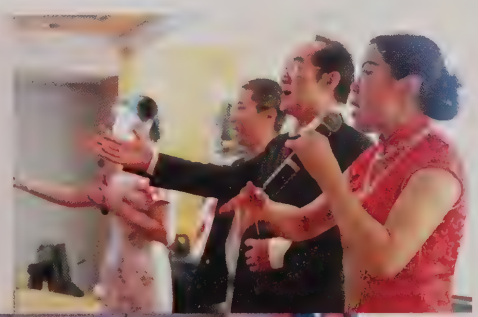
*(Continued on page 4)*

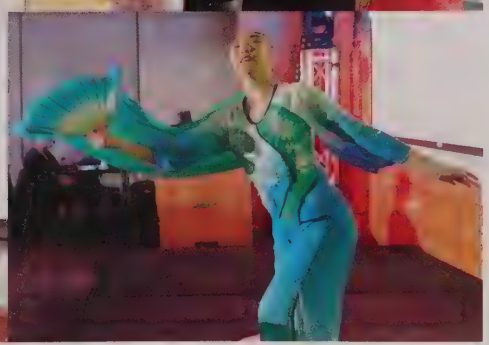
## Welcoming the Year of the Pig

**NEARLY 300 PEOPLE** gathered in the Richard B. Simches Research Center Feb. 22 to celebrate the Year of the Pig as part of the MGH Chinese Scientists and Staff Association's (CSSA) traditional Lunar New Year event. More than 50 performers from the MGH and greater Boston area showcased their talents in traditional Chinese music, dance, song and entertainment.

"It was a great event with lots of families and friends from MGH and local Chinese community members, gathering together to exchange their best wishes for the new year," says Mengyu Wang, PhD, of the Mass Eye and Ear Department of Ophthalmology and MGH CSSA co-president. "It was also a good way to introduce our Chinese culture to the world."

The evening's entertainment included a Beijing opera performance – a principal tradition in Chinese culture – by the Harvard Alumni Peking Opera Group, a demonstration of Taiji – a Chinese martial art practiced for both its defense training and health benefits – and a few performers playing the Guzheng, a Chinese plucked string instrument with a more than 2,500-year history.





# RESEARCH ROUNDUP

## Study shows how a lack of sleep can contribute to cardiovascular disease

Getting enough sleep is key to good health, and studies have shown that insufficient sleep increases the risk of serious problems, including cardiovascular disease.

In a recent study, a team led by Filip Swirski, PhD, of the MGH Center for Systems Biology, identified how that process works on a molecular and biological level.

The team conducted a study using mice genetically programmed to develop arteriosclerosis. Animals that experienced repeated interruptions to their sleep, similar to someone who is frequently awakened due to noise or discomfort, developed larger arterial plaques than did mice allowed to sleep normally. They also had higher levels of two types of immune cells that contribute to arteriosclerosis in their blood vessels.

The sleep-deprived mice also had nearly double the production of stem cells in the bone marrow that give rise to white blood cells.

## Dreams of relapse are common in individuals recovering from substance use disorder

Those in recovery from a substance abuse disorder and who have anxiety-provoking dreams about relapsing are not alone.

Dreams of those in recovery from every kind of substance use disorder – alcohol, heroin, cocaine, cannabis – can be characterized by a common pattern. The person takes a drink or their other primary substance. They then experience disbelief and are overcome with fear, guilt and remorse until they wake up, relieved to realize it was only a dream.

A research team led by John Kelly, PhD, associate director of the MGH Center for Addiction Medicine, recently found that individuals with more significant clinical histories of substance use disorder are more likely to have dreams of relapse and that these dreams will decrease over time as recovery continues.

"The association between the decreasing frequency of these dreams and the length of time in recovery suggests that, as the body and mind gradually adapt to abstinence and a new lifestyle, psychological angst about relapse diminishes," Kelly says. "REM sleep and deep wave sleep undergo important changes, even long after people enter recovery; and these relapse dreams may be indicative of the healing process and brain-mind stabilization that occurs with time in recovery."

## Building a better understanding of the genetic links to insomnia

Insomnia affects around 10 to 20 percent of the population, and twin and family studies have suggested that about a third of the risk of insomnia is inherited. While evidence has suggested that insomnia increases the risk of anxiety disorders, alcohol use disorder, major depression and cardiometabolic disease, little has been known about the mechanisms involved.

An international research team led by investigators from the MGH and the University of Exeter Medical School in the U.K. has identified 57 gene regions associated with symptoms of insomnia.

"All of these identified regions help us understand why some people get insomnia, which pathways and systems are affected, and point to possible new therapeutic targets," says lead author Jacqueline M. Lane, PhD, of the Center for Genomic Medicine and the MGH Department of Anesthesia, Critical Care and Pain Medicine.

# *The healing power of music*

**THE LUXEMBOURG GARDENS** in Paris. A glacier in Patagonia. Home.

These were some of the places people were transported to during the Feb. 19 Conversations with Caregivers program, "The Healing Power of Music Therapy for People with Dementia and Their Caregivers." Sponsored by the Dementia Caregiver Support Program, this education series was created by the Division of Palliative Care and Geriatric Medicine to offer support to those navigating the often difficult path of caring for an aging parent, spouse or loved one.

"Music is capable of bringing you back to those memories from so long ago," said Suzanne Hanser, EdD, MT-BC, Music Therapy chair emerita at Berklee College of Music, who led the evening's program. "It can take you back to times of wonder, of growth, of love. If music can take you there, isn't that a wonderful gift?"

Music therapists can guide patients through their pain. The MGH music therapy program, funded through the MGH Cancer Center, includes learning and playing musical instruments, listening to music, creating customized playlists and writing songs to share. And best of all, Hanser says, musicking does not require training.

"People with Alzheimer's disease have a remarkable ability to recall music," said Hanser. "It enhances emotion and attention because people don't need that executive function to allow music to soothe them, to comfort them and to bring joy."

Music doesn't help only patients, it also can calm and uplift caregivers as well. Throughout the program, Hanser invited attendees to close their eyes and let the music carry them away. She also invited audience members to participate in creating a song of their own, using chimes of the pentatonic scale that were handed out.

"Music can really help to create a connection with a loved one, especially a loved one with dementia," Hanser said. "Just remember, there will never be a piece of music that is prescribed, everyone is different. It's all up to you."

The next program in the series – "Solving the Driving Dilemma: DriveWise Driver Evaluation Program" – will be March 19 from 5:30 - 7 pm. Call 617-724-0406 to register. All are welcome. ■

**TIPS FOR BRINGING MORE MUSIC INTO YOUR LIFE:**

- **Find comfort with music:** Listen to music that you love, remember good times and share these memories. Let the music take you to one of those places or memories.
- **Energize with music:** Find a favorite, energetic song that makes you want to move. Share your experience with family and friends.
- **Cultivate your musical self:** Sing or hum along with the radio, dance or move to the beat, or consider lessons on an instrument you've always wanted to play.
- **Let music modify your mood:** Play music when you are feeling sad, stressed or overwhelmed to lift your mood. Experiment with different types of music and see how they make you feel.
- **Celebrate every day:** Attend a concert, join an ensemble or simply celebrate everyday moments at home with music you love.

## Speak up for safety 2019

**NATIONAL PATIENT SAFETY** Awareness Week will take place March 10 to 16. To celebrate, the MGH is hosting a variety of events, including a celebration recognizing the efforts of Patient Safety Stars across the hospital, presentations highlighting safety best practices and special grand rounds featuring guest speakers.

"While MGH caregivers focus on patient safety every day, the entire organization has rallied for this year's Patient Safety Awareness Week with celebrations and special lectures," says Elizabeth Mort, MD, senior vice president of Quality and Safety. "We hope staff take advantage of some of the week's offerings."

Along with a week of events throughout the hospital, information tables also will be set up in the White corridor to educate patients, visitors and staff about patient safety initiatives at the MGH. A full schedule of Patient Safety Awareness Week events can be found on Apollo, the MGH intranet.

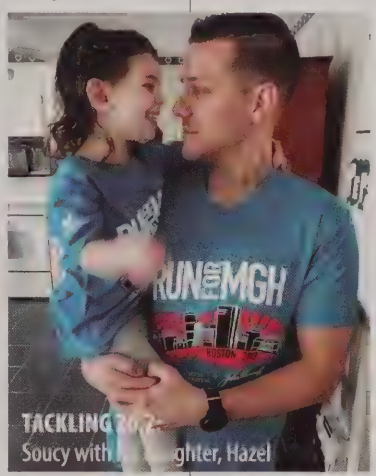
Keynote Speakers
MARCH 12, 2019 | 8:00 A.M. | O'KEEFE AUDITORIUM
Fiona Levy, MD
Pediatric Grand Rounds: Patient Safety, Quality and
MARCH 12, 2019 | 10:00 A.M. | O'KEEFE AUDITORIUM
Patricia Dykes, PhD, MA, RN, FAAN, FACMI
MARCH 14, 2019 | 7:30 A.M. | THIER CONFERENCE ROOM
Dan Harris, Correspondent, ABC News
MARCH 14, 2019 | 12
Thomas Lee, MD Chief Medical Officer, Press Ganey
Organizational Grit

# *Accepting the challenge*

**"WHAT I'VE LEARNED** is that running a marathon isn't about running a marathon. It's about how determined you are to finish something you started. It's about testing yourself and figuring out what you're made of and how far you can push yourself. It's about taking something that is said to be impossible and making it possible."

These are some of the core lessons that Brian Soucy has learned from past runners, his own training and from family. Soucy will be running his first marathon this year as part of the Mass General Emergency Response Marathon Team. Money raised helps provide critical support for emergency care, disaster relief and disaster preparedness teaching and training at the MGH efforts – that benefit victims worldwide.

"One of the main reasons I want my first marathon to be the Boston Marathon is because I was at the finish line on the day of the bombing," Soucy says. "My cousin's husband was running, and we were there cheering him on. He was about two miles from the finish line when the bombs exploded. I will never forget the look on my nephew's face when it happened. It was and will always be a moment in our lives that none of us will ever forget."



Soucy with [illegible]ghter, Hazel

After ensuring his family was safe, Soucy – a firefighter EMT at the time – returned to the finish line to help in any way he could. The following year, his cousin's husband again ran – and this time completed – the Boston Marathon. He then challenged Soucy to run the following year. It was a challenge Soucy happily accepted.

"Life got in the way and I was unable to run the marathon for the last few years. I am more than ready now and can't wait to take on the challenge," says Soucy. "The reason I chose the MGH Emergency Response Team is because, out of all the patients the hospital received from the bombing, not a single life was lost at Mass General. The hospital had some of the worst patients that day, and the amazing teamwork that happened throughout the hospital that day is what saved all those lives."

*In addition to the Pediatric Hematology & Oncology, Emergency Response and Home Base teams – sponsored by John Hancock – runners also will support the Run for MGH team, which raises funds for hospital programs close to their hearts, including Caring for a Cure, cystic fibrosis, Down syndrome, the Lurie Center for Autism, and the Mootha Lab.* ■

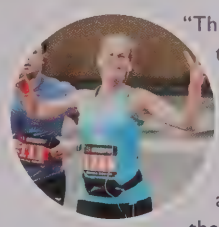
## Marathon motivation:

"I chose to run with the Mass General Marathon Team for Pediatric Cancer because I have lost too many family members and loved ones to cancer. The single most important thing that I have learned from watching so many loved ones battle cancer is to live your life to the fullest every day. We are not promised a tomorrow, so it's important to really enjoy your life no matter how hard things get. Training for the marathon has been a life-changing experience, and I can't wait to run the Boston Marathon with Team MGH."

**SANDY CURKO**, PEDIATRIC HEMATOLOGY & ONCOLOGY TEAM, FIRST MARATHON

"I am running with MGH to honor the memory of my daughter's best friend Megan, who passed away in 2014 after living with osteosarcoma for a year. Megan and my daughter Niamh were best friends since their preschool years. She was a truly wonderful young woman who has had a forever kind of influence on my daughter, and running for her helps me to remember how much our family loves her."

**TIM SULLIVAN**, PEDIATRIC HEMATOLOGY & ONCOLOGY TEAM, 11TH MARATHON (FIFTH BOSTON)



"This is a fantastic opportunity to support a cause I believe in, while challenging myself physically and mentally. In addition to being an MGH physician, I am also a patient, as well as the daughter, partner, cousin, friend and colleague of many current patients. This is my medical home and community. On race day I will be remembering my late father, Wally Leeds, who was a volunteer firefighter in Tunbridge, Vermont, and who believed in the value of responding to neighbors in need – a core value of MGH and the MGH Emergency Response Team."

**NAOMI LEEDS**, EMERGENCY RESPONSE TEAM, FIRST MARATHON

# Where AI meets clinical care

**MORE THAN 160 SPEAKERS** and 2,000 registrants from 600 organizations and 30 countries are coming to Boston for the annual World Medical Innovation Forum April 8-10. Hosted by Partners HealthCare Innovation, this year's forum features industry CEOs, Harvard faculty, investors and technologists exploring the impact of artificial intelligence (AI) on clinical care. The forum covers AI opportunities and impact on disease areas ranging from cancer care, cardiovascular and neurology, to mental health and the opioid crisis.

WORLD MEDICAL INNOVATION FORUM™

The forum – co-chaired by Anne Klibanski, MD, interim president and CEO of Partners HealthCare, and Gregg Meyer, MD, Partners chief clinical officer – also features provider AI strategies, 50 AI medical application use cases, and clinical and technology visionaries imagining medicine in 2054. The forum was established five years ago to respond to the intensifying transformation of health care and its impact on innovation. It is rooted in the belief that no matter the magnitude of that change, the center of health care needs to be a shared, fundamental commitment to collaborative innovation – industry and academia working together to improve patient lives.

For more information and to register, visit *https://worldmedicalinnovation.org/*.

# – *Hope*

*(Continued from page 1)*

development, Sweetser ordered an MRI, revealing that areas of Brooks' brain looked underdeveloped. After a repeat urine test revealed that Brooks' kidneys were losing dangerous amounts of protein from the blood, doctors identified a congenital nephrotic disorder.

The unusual combination of brain and kidney malfunction pointed to a condition called Galloway Mowat syndrome (GAMOS). Because of its extreme rarity, it was difficult to make a prognosis for Brooks.

After three weeks in the hospital – during which Brooks learned to eat and was sleeping well, he was discharged home. Two weeks later, Brooks was brought back to the Pediatric Intensive Care Unit after being diagnosed with RSV, despite having been vaccinated against the respiratory virus.

Despite all efforts and exhausting every possible option to treat his deteriorating condition, Brooks' health was failing. Ultimately, his quality of life was most important. In collaboration with Sweetser and other specialists, Rich and Caitlin made the decision to bring Brooks home.

**TEAM PLAYERS:** Caitlin, Brice and Rich Hill with Sweetser, at center.

With the support of hospice care, Brooks died with his family around him on Feb. 24, 2014. "We learned and felt the true meaning of support and how important support is in everyday life," Caitlin says.

Though one devastating chapter had closed, the story wasn't over. Sweetser wanted more answers to bring the Hills a measure of peace and help future patients. "We don't give up on cases like this," he says.

A few months later, Brook's whole exome test came back negative – no gene mutations were found to explain why Brooks had GAMOS.

Sweetser posted Brooks' genetic information on scientific bulletin boards, and also connected with Friedhelm Hildebrandt, MD, of Boston Children's Hospital. An expert in the kidney condition that Brooks had, Hildebrandt added the child's DNA to his own studies.

In 2015, Sweetser reanalyzed Brooks' genetic data hoping that, with the rapid advances in genetic knowledge, he might now find an answer. This time, there was an intriguing result: Brooks had a genetic mutation of a gene known as OSGEP expressed in the kidney that was not previously known to cause human disease.

Hildebrandt had linked OSGEP along with other genes to Brooks' kidney condition, congenital nephrotic syndrome. Even more stunning was new evidence that the OSGEP mutation appeared in families who had the same brain condition Brooks had. It was the double connection they had been hunting for – a gene associated with both the brain and kidney disorders that define GAMOS.

Rich, Caitlin and Brice were in Arizona for spring training with the Oakland Athletics when they received a text message from Sweetser. "I hope you are doing well, and the season is off to a good start," Sweetser wrote. "It looks as if, after all this time, we discovered a genetic cause for Brooks' nephrotic syndrome and other issues."

Rich and Caitlin learned they each carried one copy of the extremely rare OSGEP mutation, which causes GAMOS. A child must inherit a copy from each parent to have the syndrome. With this knowledge, the Hills have options, such as in vitro fertilization and embryo selection, should they decide they want more children.

Caitlin and Rich are now focused on helping other families who are caught in the same swirl of confusion, pain and uncertainty that besets families with undiagnosed and extremely rare diseases. "We were extremely fortunate to have Dr. Sweetser and his team take on Brooks' case," Rich says.

Determined to give Brooks' short life meaning for many years to come, the Hills have made a $575,000 donation to support Sweetser's work. "Brooks made a lasting impact that will forever shape us in the small amount of time that he was with us," Caitlin says, "and we hope to make an impact with Dr. Sweetser and the patients and families he works with every day."

Through the fundraising campaign, Field of Genes, and with the support of baseball lovers everywhere, they hope to raise $1 million so Sweetser and his team can work toward his vision to establish an MGH center devoted to rare and undiagnosed diseases.

"If we could bring increased resources to bear on some of the cases that we have right now, we could really go places," Sweetser says. ■

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# MGH names new senior vice president of Human Resources

THOMAS-WILLIAMS

**THE MGH HAS ANNOUNCED** that Jovita Thomas-Williams, SPHR, GPHR, will be the next senior vice president of Human Resources (HR), replacing Jeff Davis, who retired last December. While she wraps up her current role at Yale New Haven Hospital (YNHH) in Connecticut, she spent time with *MGH Hotline* to share more about herself and why this sports fan is excited to be in the city of champions.

"MGH's reputation speaks for itself," says Thomas-Williams. "I was quite flattered when first approached about the opportunity. After researching Mass General and meeting with members of the Partners and MGH teams, I became more impressed with the organization, its commitment to excellence in health care and the quality of its talented professionals."

Thomas-Williams's HR experience spans decades and a variety of industries – including wholesale food distribution, hospitality and manufacturing – both in the United States and abroad. Her health care experience began at the University of Toledo Medical Center in Ohio, where she was the vice president and chief Human Resources officer. In her most recent role as vice president of Human Resources at YNHH, she says she has balanced the needs of a busy, prestigious academic medical center while remaining a strong advocate for her organization's employees.

"MGH and YNHH are both academic medical centers dedicated

*(Continued on page 3)*

## A star-studded kickoff to Patient Safety Awareness Week

**PATIENT SAFETY STARS** were shining bright March 11 at the 10th annual Patient Safety Stars Breakfast in the East Garden Room. The National Patient Safety Awareness Week kickoff event recognized 35 individuals and 10 teams from departments throughout the hospital as 2019 Patient Safety Stars. The award honors staff, nominated by their peers, for outstanding quality and safety improvement efforts and dedication to patient safety.

One team recognized during the event was the Ambulatory Anaphylaxis Guideline Development Team that created a guideline empowering frontline staff to confidently administer epinephrine when a patient experiences an anaphylactic reaction. "It was such an honor to be recognized at Patient Safety Stars for doing the work that we are passionate about and love to do every day," said team member Anna Wolfson, MD, of the MGH Allergy Associates. "We recognized an unmet need regarding management of anaphylaxis and adverse drug reactions in the ambulatory setting, and then were able to translate this into a functional guideline. These sorts of projects will enable providers to improve upon the excellent care we are providing at MGH."

*(Continued on page 4)*

**SPEAKING UP FOR SAFETY:** The Early Onset Sepsis Pediatric Calculator Team

# *MGH rolls out new process for purchasing reusable instruments and devices*

**EVERY DAY AT THE MGH,** more than 20,000 instruments and medical devices are used in patient care. On April 1, the hospital will introduce a new purchasing process for reusable critical or semi-critical devices, such as surgical instruments and endoscopes. This also includes the purchase of all necessary reprocessing equipment to ensure these medical instruments are properly cleaned, disinfected and sterilized.

"Across the institution, more procedures are being performed using instruments and devices that require reprocessing," says Wilton Levine, MD, medical director for Perioperative Services and Medical Procedural Areas. "It is important that we offer the needed support, education and training to all role groups performing reprocessing in order to provide the best care for our patients."

Any unit seeking new, replacement or expansion of reusable critical or semi-critical instruments and devices must complete a Pre-Purchase Assessment and submit it to the newly formed Reusable Instrument and Device Oversight Committee for approval. The committee is comprised of staff from Infection Control, Center for Sterile Processing, Biomedical Engineering, Planning and Construction and Environmental Safety.

"The group will review requests in a timely manner and provide the education and consultation to ensure the requisite physical space, supplies, staffing and capabilities are available," Levine says.

"Our No. 1 goal is patient safety," says Erica Shenoy, MD, PhD, associate chief, Infection Control Unit. "Through the Reusable Instrument and Device Oversight Committee, clinicians and operations staff will have access to the support needed to ensure that reusable instruments and devices are correctly reprocessed between patient use. We know that breaches in these processes can result in risk of transmission of pathogens between patients."

For more information about this new policy or process, contact *HLD_Sterilization@partners.org.*

# Service animals at the MGH:

## *Q&A with Zary Amirhosseini, MGH Disability Program manager*

### WHAT ANIMALS ARE CONSIDERED SERVICE ANIMALS?

Any animal trained to perform tasks for an individual with a disability is considered a service animal. Under current law, only dogs and – in limited circumstances – miniature horses, are legally considered service animals.

### WHAT KIND OF DOGS ARE ALLOWED AT MGH?

Service dogs and dogs that are part of our MGH Pet Therapy Program.

### WHAT DOES A SERVICE DOG DO?

Service dogs guide people who are blind, alert people who are deaf, assist individuals with mobility issues by carrying bags or pulling wheelchairs, or remind people with mental illness to take prescribed medications. Some animals are trained to calm individuals with PTSD or traumatic brain injury or autistic individuals.

### WHERE IN THE HOSPITAL CAN MY DOG ACCOMPANY ME?

Service animals are allowed to accompany individuals with disabilities to admission and discharge offices, inpatient and outpatient rooms, clinics and cafeterias. Service animals may not be able to accompany handlers to restricted areas such as ICUs, operating rooms, recovery rooms, or labor and birthing rooms.

### ARE STAFF ALLOWED TO QUESTION ME ABOUT MY DOG?

Yes. Under the law, staff may ask you two questions: "Does your dog provide a service?" and "What is your service animal trained to do?" They may not ask about a person's disability.

### CAN I BRING MY EMOTIONAL-SUPPORT OR COMFORT DOG TO MGH?

No. Only service dogs and therapy dogs that are part of our Pet Therapy Program are allowed at the MGH. And remember, service animals are working and should not be petted. Distracting them could put their handlers at risk.

### ARE SERVICE ANIMALS REQUIRED TO WEAR IDENTIFYING CLOTHING?

No. Service animals are not required to any wear special vests or badges. If individuals misrepresent their dogs as service animals, that is punishable by law.

### DO SERVICE ANIMALS HAVE TO BE LEASHED?

Yes, unless being restrained interferes with tasks they are trained to perform.

For more information about the Service Animal Policy at the MGH, contact Amirhosseini at 617-643-7148. For questions about the Pet Therapy Program, contact Jackie Nolan, Volunteer Services director, at 617-724-1753. ■

# *A marathon run in honor of his mom*

**DANIEL GRATZER** is no stranger to the Boston Marathon. This will be his third year running for the Mass General Cystic Fibrosis (CF) Team. This marathon, however, will be extra special for him. He'll also be running in memory of his mother, Joanne M. Gratzer, who died from cancer in August 2018.

"This year, before my mother passed, I made one final promise to her that I would make her proud and run one last Boston Marathon in her memory," Gratzer says. "As I told her this, she gave me the biggest smile ever and I knew then I had to do this for her."

For nearly 20 years, members of the Mass General Cystic Fibrosis Marathon Team have been running the Boston Marathon to fight CF and support the MGH Cystic Fibrosis Center. Last year, the team had a record-breaking year, raising more than $190,000 to benefit the CF program. Supporting this program is near and dear to Gratzer's heart, as his uncle died from CF and he has other family members that are carriers of the genetic disorder.

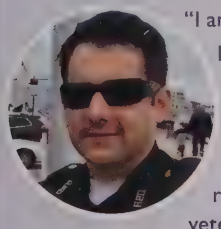
"Even though this race and cause are truly amazing to be a part of, it's going to be a hard day for me," says Gratzer. "I'm hoping with the crowd supporting me, and with my mom's spirits, I will thrive on that energy to make her proud as she has cheered me on the previous two years I ran with this team in 2016 and 2017."

*In addition to the Pediatric Hematology & Oncology, Emergency Response and Home Base teams – sponsored by John Hancock – runners also will support the Run for MGH team, which raises funds for hospital programs close to their hearts, including Caring for a Cure, cystic fibrosis, Down syndrome, the Lurie Center for Autism, and the Mootha Lab.* ■

## Marathon motivation:

"As I prepare for my first Boston Marathon run in support of Home Base, I think of the sacrifices made by our service members and their families, and how thankful I am for programs like Home Base to provide support and treatment to those who have given so much of themselves in service to our country. On race day, I know I will also think of these things and of all the people who made donations in support of helping me fulfill my dream of running Boston for Home Base."

**SHIRA BROWN**, HOME BASE TEAM, SECOND MARATHON



"I am a former part-time police officer in New Hampshire and appreciate immensely the importance of emergency response readiness. As a military veteran and former first responder, I wanted to give back to those that provide care during these tragic situations in the future. I have learned that you need to be ready for anything and be prepared. Never leave your house without telling those that matter how much you love them. And no matter what, complete the mission."

**JAMES SCULLY**, EMERGENCY RESPONSE TEAM, FOURTH MARATHON

"In 2001, I lost my dad to cancer. Seventeen years later, I gave birth to a healthy baby boy. During both of these life events, I spent time at MGH. Although both these experiences were very different, we were provided with the best care possible. For this, I am eternally grateful."

**AMY BELL**, PEDIATRIC HEMATOLOGY & ONCOLOGY TEAM, FOURTH MARATHON

"I am running on behalf of my father, Curtis Audin, an MGH Emergency Department nurse for nearly 17 years who retired in August. He was a role model for me and taught me important principles like discipline and dependability, to respect my colleagues and to speak up for myself. He truly cared for his patients, and volunteered to provide emergency relief in New Orleans and Haiti after natural disasters. I am grateful for the opportunity to run the Boston Marathon as a member of the Emergency Response Team, to show my appreciation not only for him, but for all of the emergency responders out there – including my wife – who have dedicated their lives to helping others when tragedy strikes."

**CRAIG AUDIN**, EMERGENCY RESPONSE TEAM, FIRST MARATHON

# *– New SVP*

*(Continued from page 1)*

to patient care and research, as well as being highly regarded, nationally-ranked leaders in health care," she says. "Both organizations have top-notch professionals who are committed to their work with extraordinary passion."

The search committee, comprised of leaders from both the MGH and Partners, was given countless examples of how Thomas-Williams has fostered workplaces where employees feel appreciated, valued and, most of all, heard. She says she is excited to bring this approach to the MGH and sees many similarities with YNHH.

When asked what she would like the 26,000 employees of the MGH to know about her, she emphasized that, although she takes her role as an HR leader very seriously, she doesn't take herself too seriously.

"I take pride in being very approachable and relatable, and I have a wicked sense of humor," she says. "I look for ways to laugh at life's quirky circumstances."

A former student athlete, Thomas-Williams is a lifelong sports fanatic, especially when it comes to basketball and March Madness. "I have even been known to talk a little smack," she says, "only when provoked, of course!"

Thomas-Williams will begin her tenure at the MGH on April 29. ■

# 'Compliment a Colleague'

**THE MGPO RECENTLY** invited staff to participate in a "Compliment a Colleague" initiative aimed at acknowledging and celebrating colleagues and teams who deliver exceptional clinical care. Staff were invited to commend their colleagues when they saw the following while caring for patients – care coordination and continuity, rapid access, going above and beyond and giving personal attention, and innovation and thinking outside the box.

View all compliments at *mgpo.partners.org*. Here are a few examples of the compliments that were shared:

"**Katia Canenguez, PhD, EdM,** is dedicated to patients, and ever willing to provide additional support to facilitate care coordination for patients. This is particularly the case for patients with limited resources and who may benefit from additional guidance to maintain continuity in treatment. She gives personal attention to the needs of her patients, attuned to their unique challenges and strengths, to help them connect with co-treating providers and other resources."

-Archana Basu, PhD

"**Steven Schlozman, MD,** was immediately available to pivot to a patient with significant medical and psychiatric comorbidity and interface with treatment teams/colleagues in way that connected with the patient on a personal and effective level, by once again thinking 'outside the box.'"

-Peter Newberry, MD

"**Oluwaseun Johnson-Akeju, MD,** has for many years demonstrated a deep commitment to safe and well-organized patient care on Lunder 4. As the Neuroanesthesia team leader, his rapid implementation of workflow improvements and initiatives have led to enhanced staff coordination and overall efficiency. Thank you!"

-James Rhee, MD, PhD

"**Susan Carlson, RN; Melissa Alao, LICSW; Catherine McCarthy;** and **Margaret Chapman, MD,** the Stay Connected Care Coordination Team, go above and beyond each day to coordinate care for high-risk patients in the post-discharge period. They identify issues, work swiftly to resolve them, and have taken on process improvement in order to be able to serve more patients. They exemplify the Mass General credo every single day."

-Elizabeth Fonseca

"I had a complex patient who needed to be admitted and **Michael Bowley, MD, PhD,** and his team provided expertise, definitely thought outside the box, and established excellent care. Also, we shared a few more patients that he saw as inpatients and his notes and plans were superb."

-Paloma Gonzalez Perez, MD, PhD

"**Toby Nagurney, MD,** is always so appreciative of his co-workers. He is the first person to compliment a job well done and thank people for their hard work. It is so refreshing to work with someone who always acknowledges his peers and recognizes that team work truly provides for the best patient care possible. He loves teaching, and takes the time to do so, even when the department is busy."

-Laura Paskind, PA-C

"**Maria Umana** is our Yawkey 4 OB billing coordinator and she not only makes sure the department is continuously kept in the loop with all billing changes, aspects, etc. She goes above and beyond to help our patients as well as those from our off-sites to make sure they have their insurances up to date and, if not, spends long, hard hours on the phone making sure they have what they need. Not only does Maria go above and beyond during regular business hours, she is the first to step foot into the office daily at 5 am and even works to close any loops needed over the weekend. We are so grateful to have such a hard-working, dedicated staffer and team player within our team. Thank you Maria!"

-Janika Gates

"**Mary Mott, NP,** always made me feel welcome while I rotated at the Mass General Stroke service as a Physical Medicine and Rehabilitation resident. She is very kind and works very hard for her patients and the entire team. I can't imagine the service running as smoothly without her."

-Moorice Caparo, MD

# – *Safety Stars*

*(Continued from page 1)*

Compassion for patients and diligence were at the core of many nominations. Domingas Ferreira, of Environmental Services, was working in the Emergency Department when she realized a bathroom door was locked with a patient inside. Concerned, Ferreira contacted both the patient's observer and MGH Police, Security and Outside Services to open the door in time to prevent the patient from self-harm.

"I want to thank the individuals and teams recognized because they are the type who really help make our hospital what it is and help us make good on our most important commitment to our patients – providing excellent, safe patient care," said Peter L. Slavin, MD, MGH president.

For a full list of this year's recipients, visit the Patient Safety Stars page on Apollo, the MGH intranet.

FERREIRA

## The Ladies Visiting Committee:
A Short Little Ditty in 150 (Words)

In 1869, at a quarter to nine
They could wait no longer and
knew it was time

They saw that MGH could be
more by much
With the care and compassion
of a woman's touch

Six at the start pledged to do the task
Ninety strong today are
answering the ask

They started visiting patients who
could use a friend
And made hospital service a
national trend

Every dollar you spend today
at the general stores
Helps the LVC give back that
much more

Through 150 years they have
supported this place
Funding programs and projects
with a smiling face

A new idea when they first hit the halls
Now they're the ones to respond
when innovation calls

For the LVC pays close heed
When patients and families have
an unmet need

In 2019, the LVC, with no time to spare
Will tackle the next 150 with a new flair

LVC
150 YEARS

# OUR STORY, OUR GIFT

**"... we think that it is an experiment which is likely to prove a benefit to the Hospital and that it ought to be tried. We are able to think of no objections to the plan except that the Hospital is very well managed as it is, and that it is unwise to disturb what is satisfactory. But it seems to us that, although the Hospital is probably about as well managed as men can manage it, it may be found that with the help of judicious women it may be managed better."** – From the MGH Board of Trustees, 1869

The MGH was nearing its 50th year of operation when hospital trustees approved a proposal from several women in the city who wished to volunteer their time to visit with patients and serve as "female wards of the Hospital." And so the Ladies Visiting Committee (LVC) was born, becoming one of the first hospital auxiliaries in the country.

Now, 150 years later, what started as a small group of women has grown to be a 90-plus member organization. While the size and scope of the LVC has changed throughout its history, the dedication, commitment and drive to supporting the hospital, its patients and its staff, remains the focal mission of the volunteer group.

"The LVC has enjoyed a long, successful and fulfilling history based on our core traditional values of leadership, compassion, inclusivity and commitment," says Janet Shipman, chair of the LVC and a member since 2008. "And we plan to continue to evolve, grow and strengthen our group, seeking out new ways for how we can best support the MGH in the future."

Among its many roles, the LVC oversees the MGH General Stores and Flower Shop.

"Every single purchase made at its seven locations goes directly into funds used by the LVC to give back to the hospital," says Rose McCabe, a member of the LVC since 2003 and chair of the LVC Shops Committee. "MGH staff are invited to apply to the LVC for grants to fund patient programs, services and activities."

**For more information, and for a grant application form, visit the LVC page on Apollo, the MGH intranet.**

**Passages from the *Ladies Visiting Committee of the Massachusetts General Hospital 1869-1969* history booklet:**

*"Its members arrange creative activities for assigned children, play games with them, teach them handicrafts, read aloud and perform other services to meet the social and emotional needs of these lonely or disturbed young patients."*

*"They tactfully prodded the Trustees to allocate a larger sum for carriage rides for convalescent patients as a sanitary measure, enabling them to breathe a different and purer atmosphere to so stimulate and invigorate the patients as to enable them to be sooner discharged."*

*"They reported that water pitchers should be covered – long before it was common hospital practice in Boston. A Lady Visitor worked without rest until she found a practical, covered water pitcher and several dozen were ordered by the Committee."*

Providing comfort for the hospital's youngest patients – and support to their parents – has been a central theme for LVC members since its inception. Today, the LVC provides numerous donations throughout the year including books, toys, games, videos and art supplies. It also funds support groups, educational programs, and the creation of personalized comfort baskets to every pediatric family that has experienced the death of a family member.

*"The LVC has made such an incredible impact in the lives of our pediatric patients and their families," says Anne Pizzano, child life manager for MassGeneral Hospital for Children (MGHfC). "The grants they fund allow us to purchase diversional materials for our Emergency Department, as well as enabling us to offer various supports for siblings and parents of the MGHfC community. We are so fortunate to have such a wonderful group of volunteers who care so deeply about the hospital and our youngest patients."*

During the 1870s, the LVC requested – and received – money to pay for carriage rides for patients, knowing the positive benefits of fresh air and a change of scenery. The belief hasn't changed over the course of more than a century and the LVC now donates funds to the Revere Youth Zone's summer camp to help students cover transportation costs, scholarships and field trip expenses.

*"Last year the money provided scholarships for 20 children to come to camp who otherwise would not have been able to attend," says Leslie Heffron, RN, nurse educator at Revere HealthCare Center. "We're able to take more trips because of this support and offer experiences that we aren't able to offer to the kids in Revere. It's really significant in so many ways. I'm hugely grateful because the children get to be outside in the woods in nature. They get to be outside hiking, sailing down at the beach, playing in the water. It's a huge benefit to them – physically, mentally and emotionally. They thrive being outside in the summer."*

Since its early roots, LVC members have been dedicated to supporting cutting-edge programs that benefit MGH patients and staff. Recently, David R. King, MD, trauma and acute care surgeon, was awarded a grant to fund the purchase of 73 wound-packing and tourniquet kits that were placed in all automated external defibrillator (AED) cabinets on the MGH main campus, and funding for the creation of an instructional video outlining the proper use of the first-aid equipment.

*"The LVC played a pivotal role in this training program," says King. "Thanks to this generous grant, I was able to educate hundreds of MGH staff how to correctly apply a tourniquet. This is extremely important as emergencies can happen at any time, anywhere."*

**On April 2 – in recognition of the LVC's 150th anniversary – its members will visit MGH departments throughout the main campus to drop off chocolate goodies and information about the MGH General Stores.** In addition, shoppers on that day can take 20 percent off purchases, with Preferred Card holders taking an additional 10 percent off. "We look forward to meeting more MGH staff members and are excited to share this wonderful anniversary with them," says Hattie Kessler, LVC member for 5 years.

Adds Betty Raymond, LVC member for 9 years, "Though many years have gone by since the LVC was first created, the group remains dedicated and committed to enhancing the MGH experience in any way that contributes to the comfort and well-being of patients, their families and the entire hospital community."

4.05.19

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# U.S. Navy lieutenant going the distance in support of veterans, military families

SIBLING SUPPORT: Max and Connor Maguire

**LT. MAX MAGUIRE** has served in the U.S. Navy for the last six years, but now he is gearing up for a different kind of mission: the Boston Marathon. On April 15, Maguire will run in support of Home Base, a Red Sox Foundation and MGH Program – an organization close to his heart.

"In 2011, when I was a senior in college, my brother Connor was deployed to Helmand Province, Afghanistan, as a rifle infantryman with 3rd Battalion, 9th Marines," says Maguire. "He was involved in two separate improvised explosive device attacks during his time overseas – only four weeks apart." The second attack left his brother with a traumatic brain injury and earned him a Purple Heart medal.

"Connor made it home in one piece, but at times it's been a real struggle for him and those close to him," Maguire says. "There have been some incredibly difficult challenges, but thanks to support from friends, family and outstanding medical care – including from Home Base – my brother continues to recover from his injuries."

Although Connor's story has been one of triumph, both brothers are keenly aware that others are not as fortunate. "Too many people close to Connor have taken their own lives as a result of the invisible wounds of

*(Continued on page 4)*

## Spring has sprung in the MGH Mail Center

**VISITORS TO THE MGH MAIL CENTER** in the Gray/Bigelow Basement are greeted by more than just the welcoming smile of Enid Cruz, of Materials Management. They also are met by a fun, festive, ever-changing handcrafted bulletin board wall.

"As soon as I took the job, I thought having something festive up on the wall would be fun," says Cruz. "Then the idea just came – I'll have something different for each season."

Not only does the display change with the seasons, but also for different holidays. Cruz has created a FedEx box Christmas tree, a leprechaun diving into a pot of gold for St. Patrick's Day and flying love letters in MGH envelopes for Valentine's Day.

"The spring display is my favorite so far," she says of the current Easter egg-bunny- and chick-adorned wall – complete with a 3D tree made of tissue paper.

"Enid is very talented with her original, seasonally-themed displays in our MGH Mail Center customer service area," says Gary Mulrey, senior manager, Materials Management, Receiving and Distribution. "She gets many compliments on her creations, which only brighten our customer visits."

Cruz has always loved arts and crafts and is full of ideas for future creations. And, she says, the display will never be the same twice. "I like to make a welcoming environment," says Cruz. "It's those simple little things that people enjoy. It brings happiness. How can you beat that?" ■

# RESEARCH ROUNDUP

## Chronic health problems common after addiction recovery

Investigators from MGH's Recovery Research Institute found that a third of individuals in recovery from substance use disorder continue to suffer from chronic physical diseases that have been exacerbated by their substance use.

In a study of 2,000 individuals in recovery from drug or alcohol use disorders, researchers found 37 percent had been diagnosed with one or more of nine alcohol- and drug-exacerbated diseases and health conditions: liver disease, tuberculosis, HIV/AIDS or other sexually transmitted infections, cancer, hepatitis C, chronic obstructive pulmonary disease, heart disease and diabetes.

The presence of these diseases was shown to be associated with significant reductions in participants' quality of life, and all are known to reduce life expectancy.

"Earlier and more assertive intervention is needed for individuals with alcohol and other drug problems to help prevent these other diseases," says David Eddie, PhD, the lead author of the study. "In addition, addiction treatment needs to be more seamlessly integrated with primary health care, and more research is needed to explore the complex relationships between alcohol and other drug use and physical disease."

## Oxytocin weakens the brain's reward signals for food

Previous research studies have shown that oxytocin – a naturally occurring hormone that is known to promote bonding – acts on brain pathways related to eating behavior and may be a promising treatment for obesity. But how exactly does it work?

Researchers from MGH's Department of Endocrinology found that oxytocin reduces the communication between brain areas involved in the cognitive, sensory and emotional processing of food cues that people with obesity demonstrate when they look at high-calorie foods.

"Knowing how the drug exerts its effects is a critical step toward establishing oxytocin as a drug treatment for overeating and obesity," says the study's lead investigator, Liya Kerem, MD, MSc, who presented study results at a recent Endocrine Society meeting.

## Older women benefit significantly when screened with 3D mammography

Breast cancer is the most common cancer and the second most common cause of death from cancer among women in the United States.

In a new study, MGH researchers sought to learn more about the performance of 2D and 3D mammography in older women (mean age of 72 years).

They compared screening mammograms from more than 15,000 women who underwent 2D mammography with those of more than 20,000 women who underwent 3D screening.

Both approaches were highly effective at detecting cancer, but 3D mammography had some advantages over the 2D approach, including a reduction in false-positive examinations. 3D screenings also had a higher positive predictive value – the probability that women with a positive screening result will have breast cancer – and higher specificity – the ability to distinguish cancer from benign findings.

"We've shown that screening mammography performs well in older women, with high cancer detection rates and low false positives, and that tomosynthesis (3D screening) leads to even better performance than conventional 2D mammography," said study lead author Manisha Bahl, MD, MPH.

"There is a lot of discomfort when dealing with these situations. Child mistreatment is the last thing people want to think about but the worst thing to sit with alone."
- Alice Newton, MD, FAAP, CPP medical director

# *MGH Child Protection Program here to help*

**SINCE 2000,** the MGH Child Protection Program (CPP) has been a resource for hospital staff and affiliates, families and the community in navigating issues of child abuse and neglect. The CPP is committed to providing all clinicians who care for children with the skills and knowledge necessary to provide support and services to children and their families in suspected cases of child abuse and neglect.

The CPP's multidisciplinary team is made up of doctors, social workers and a psychologist.

Services include:

- Child Protection Consultation Team
- Education and training
- Community collaboration
- Policy and program development
- Research

Consultations provide:

- Supportive discussion of the case and expert recommendations
- Education about child maltreatment
- Assistance in determining appropriate response/ intervention
- Advice regarding thresholds for mandated reporting
- Assistance with the reporting process
- Advocacy with Department of Children and Families and other community partners

**April 12, all day**

**"GO BLUE"**

Wear blue to show your support for Child Abuse Awareness month.

Consultation may include the CPP social worker and/or the CPP physician. A medical consultation will specifically be considered when there is a question about the diagnosis or medical management of any type of suspected abuse.

Staff can contact the MGH Child Protection Consultation Team by paging 32728.

Consultations received in 2000, the first year of the program

Consultations received in 2018

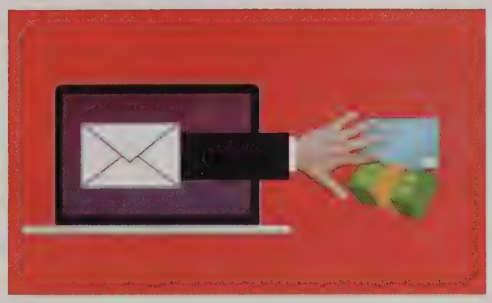
# *Be aware!* Nationwide purchase order scams on the rise

**THE FBI AND LAW ENFORCEMENT AGENCIES** across the country continue to investigate a growing number of reports related to cybercrime involving fraudulent purchase orders posing as a legitimate business.

"Over the past several months we have seen that Partners and MGH are among many well-known companies being used by criminals as part of this nationwide scam," says Daniel Coleman, senior investigator, MGH Police, Security and Outside Services. "We have investigated these incidents, and there is no known financial loss to either Partners or the MGH."

**ACCORDING TO THE FBI, THIS IS HOW THE SCAM WORKS:**

- Criminals create fraudulent websites, email address and "spoof" telephone numbers to appear legitimate.
- Often the email address will be close to a real URL – but will be misspelled or include a different ending, such as "Parnters.net" versus "Partners.org."
- Communications may feature official logos and names that may be associated with the business.
- Using sophisticated techniques, criminals will engage in "phishing" to conduct social engineering to contact vendors or suppliers to gather information about a company's purchasing accounts. They then contact the company and request a quote for products.



- They use forged documents, complete with letterhead and sometimes even the name of the organization's product manager, posing as an institution like Partners, MGH or other well-known businesses.
- They request shipments be made on a 30-day credit and since the real institution often has good credit basis, vendors usually agree.
- They provide a U.S. shipping address that might be a warehouse, self-storage facility or the residence of another online scam victim.
- Not knowing they are being scammed, these other victims are provided with shipping labels and directed to send the merchandise to a foreign location, under the belief that they will be paid for their assistance.
- The vendor eventually bills the real institution – for example, Partners or MGH – at which time the fraud is discovered. By then, the items have been re-shipped overseas, and the supplier must absorb the financial loss.

**WHAT CAN YOU DO?**

- Be vigilant in your review of purchase orders and requests for payments or services.
- If a request is received by email, pay close attention to the address. Hover over it without clicking and confirm that it is a valid Partners email. Check every letter for accuracy.
- Validate all orders that may appear suspicious or contain unusually large volume or dollar values, or request delivery to a non-affiliated location.
- Recognize that Partners or MGH logos, employee names, etc. may be used as part of the effort to fraudulently obtain goods and services from a third party.

**IF YOU HAVE RECEIVED A FRAUDULENT PURCHASE ORDER:**

Immediately report it to MGH Police and Security and Partners Information Security. Email *MGHpolice@partners.org* and *CISPO@partners.org* or call 617-726-2121. ■

## LVC: Ladies Visiting with Chocolates

**(IN)VESTED SUPPORT:** While marking a historical milestone, the MGH Ladies Visiting Committee (LVC) continued to make history this week. As the group was gearing up to distribute chocolates to departments throughout the main campus as a way to recognize its 150th anniversary, MGH President Peter L. Slavin, MD, surprised them with the announcement that Mayor Martin J. Walsh had issued a proclamation recognizing April 2, 2019 as "LVC Day in the City of Boston."

RUN FOR MGH
MASSACHUSETTS GENERAL HOSPITAL + John Hancock

## Share your team spirit

**STAFF ARE INVITED** to show their spirit and support for MGH employees running the 2019 Boston Marathon by writing well-wishes on a special banner.

Sign the banner:

- April 8 from 11 am-3 pm, Eat Street/Blum stairwell
- April 9 from 11 am-2 pm and from 4-6 pm, Eat Street/Blum stairwell
- April 10 from 12-3 pm, main corridor
- April 11 from 1 pm-6 pm, main corridor
- April 12 from 11 am-2 pm, Eat Street/Blum stairwell

*GOOD LUCK RUNNERS!*

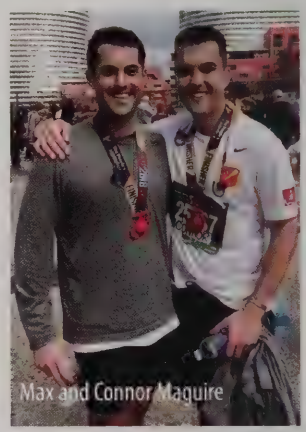
## – *Marathon*

*(Continued from page 1)*

war," says Maguire. "My strongest hope is that his success can be the reality for everyone living with these wounds – and that they know care is available for them at Home Base."

Twenty veterans die by suicide every day, and one in three return home with an invisible wound such as traumatic brain injury or post-traumatic stress disorder.

"The invisible wounds of war are complex injuries that require innovative solutions, and that's what we are trying to do at Home Base and Mass General," says retired Brig. Gen. Jack Hammond, executive director of Home Base. "We are grateful to have a team of dedicated runners this year who are committed to our mission and dedicated to giving back to those who have served our country."


Max and Connor Maguire

*In addition to the Home Base, Pediatric Hematology & Oncology, and Emergency Response teams – sponsored by John Hancock – runners also will support the Run for MGH team, which raises funds for hospital programs close to their hearts, including Caring for a Cure, cystic fibrosis, Down syndrome, the Lurie Center for Autism, and the Mootha Lab.* ■

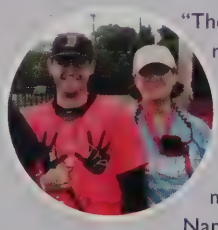
## Marathon motivation:

"In September 1970, my aunt, Mary Elizabeth Brennan, passed away as a result of a medulloblastoma at 10 years old. Her death had a lasting impact on my family, and the scars of her loss still exist today. As someone who has always wanted to run a marathon, I wanted to run on behalf of an organization that I had some kind of connection with. I couldn't be more honored that my first marathon will be here in Boston, a city that I've called home for the past five years, and on behalf of an organization as amazing as Mass General."

**ASHLINN BRENNAN**, PEDIATRIC HEMATOLOGY & ONCOLOGY TEAM, FIRST MARATHON

"Every mile I run is a challenge. But this challenge pales in comparison to what other veterans and service members with invisible wounds of war have to deal with on a daily basis. I have very much enjoyed the structure, camaraderie, team spirit and the pride of serving others; and I'm running this race so my fellow service members, veterans and their family members can receive the care and support they need at Home Base."

**ARMY MAJ. VANESSA STOLZOFF**, HOME BASE TEAM, FIRST MARATHON



"The primary reason I chose to run for MGH is because of my mother, Nancy Cameron. Nancy is a breast cancer survivor with her first battle occurring over 20 years ago. She finalized her treatments in May 2017 and continues to enjoy good health, all thanks to MGH. I could think of no better marathon team to join than the hospital that kept my mother alive and gave her the ability to fight another day."

**PATRICK CAMERON**, PEDIATRIC HEMATOLOGY & ONCOLOGY TEAM, FIRST MARATHON

"I am a lifelong runner, and a scientist developing novel therapeutics for rare diseases to help patients. I am thrilled for this opportunity to be running in support of a greater cause, the MGH Emergency Response Team. To me, representing this team is a combination of my runner and scientist nature. Every second matters in saving lives, much like every step matters in running a marathon. The distance is long, and there is no shortcut. You just have to face it and run it step by step until passing the finish line."

**WEI-CHIANG CHEN**, EMERGENCY RESPONSE TEAM, FIFTH MARATHON

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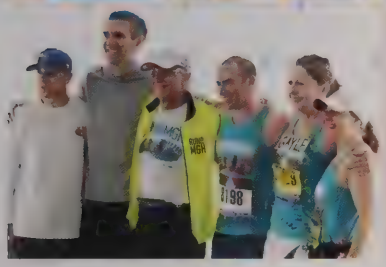
4.19.19

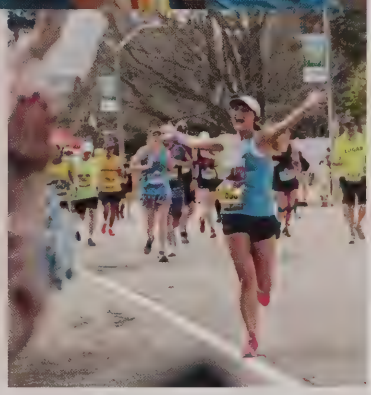
MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# MGH Strong:
## *Boston Marathon scenes 2019*



**MORE THAN 150 RUNNERS** – representing three MGH marathon teams – were among the 30,000 athletes who took on the 123rd Boston Marathon April 15. Motivated marathoners representing the Pediatric Cancer Team, the Emergency Response Team and – new this year – the Home Base Team have raised more than $1.5 million, with donations still streaming in. Additionally, runners in support of Run for MGH – which raises funds for Caring for a Cure, cystic fibrosis, Down syndrome, the Lurie Center for Autism, and the Mootha Lab – also have raised more than $282,000 for those hospital programs close to their hearts.



## Staff tackle transitions, embrace new opportunities
### *Second phase of bed-reallocation initiative to launch this month*

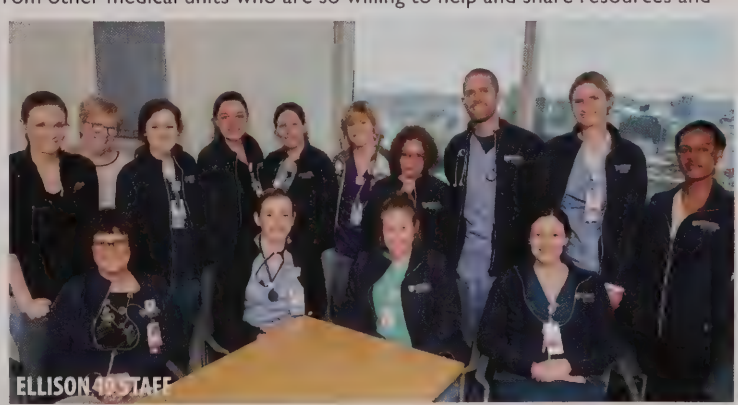
**ON JAN. 28,** staff on Ellison 19 and Bigelow 14 came to work ready to meet the challenge of new patient populations. The units looked much the same as they had in the past, however, Vascular Surgery moved from Bigelow 14 to Ellison 19 to join Thoracic Surgery, and Bigelow 14 became a dedicated General Medicine Unit.

"We went from a surgical unit to all medicine," says Sharon Bouvier, RN, nursing director of Bigelow 14. "In the beginning, it was a mix of emotions for the staff. There was some excitement, some anxiety and a little trepidation as we were working as a new team of providers. We had established relationships with the surgical team staff and we now had a new group of Hospital Medicine clinicians to get to know. We continue to learn and grow and develop these relationships. It's great that we have such dedicated colleagues from other medical units who are so willing to help and share resources and information during this transition."

These inpatient unit changes marked the first stage of the MGH's bed-reallocation project, one of the hospital's many initiatives aimed at addressing capacity challenges. The second phase of this project is scheduled to launch April 23 with Phillips 21 – now a Gynecology Unit – transitioning to a General Medicine Unit with Hospital Medicine, and Phillips 22 – currently a General Surgery, General Medicine and Orthopaedics Unit – transitioning to a Gynecology and General Surgery Unit. The last phase of the bed reallocation project is slated to take place in the fall.

These transitions have been carefully planned under the leadership of Suzanne Algeri, RN, associate chief nurse, and George Reardon, director of

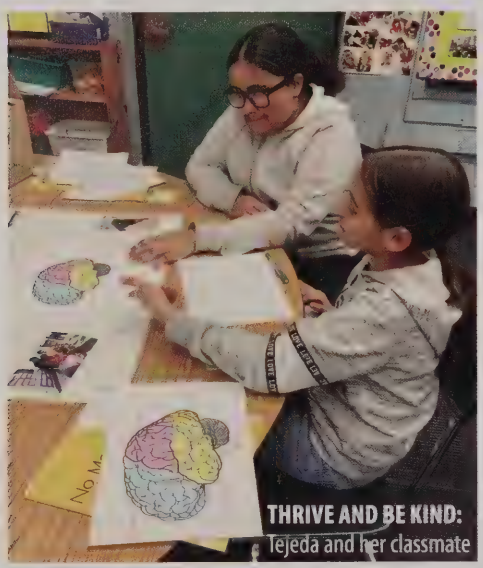
*(Continued on page 4)*



# *Spreading the love*

**A NEW MASSGENERAL HOSPITAL FOR CHILDREN (MGHFC)** initiative aims to teach school-age children to develop a better way to think about and prevent bullying through the "No More Bullying" program. Members of Thrive – a wellness component of the MGHfC Pediatric Epilepsy Program – visited the Curley K-8 School in Jamaica Plain for one week in March, one hour per day, to teach students what bullying behavior is, where it comes from and how to help people who are being bullied. Lessons focused on key concepts including self-control, compassion and responsibility. This was the third time Thrive has visited the Curley School.

Amy Morgan, PhD, MGHfC staff neuropsychologist and one of Thrive's founders, says children with medical conditions often struggle and are targets of bullying because of their differences. Although the Epilepsy Program staff help children on an individual basis, she realized a better way to address the problem was by working in the schools.



**THRIVE AND BE KIND:** Tejeda and her classmate

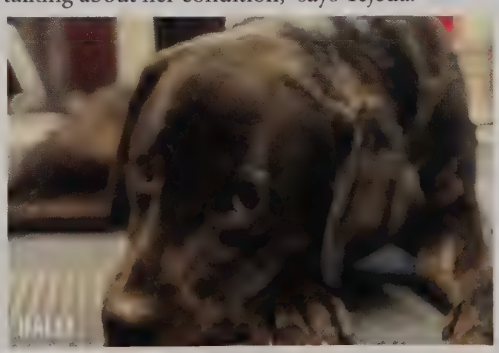
"One of the things we deal with most is bullying because some of the kids can present as a little bit different," she says. "Some are physically disabled and might have seizures in class and become a target for bullying. The overall goal is to focus on social-emotional and executive functioning as these are the skills most important for success in all children's lives. Focusing on developing these critical skills helps children develop empathy and makes learning more effective."

On the first day of the program, students received a journal to write notes reflecting on the initiatives' lessons and activities. Students also were assigned homework to practice the new core concepts. Each day, Morgan brought Halle – a black labrador – who helped the students open up and better relate to some of the key concepts. The students also were visited by Samantha Alberino, an MGH patient who has epilepsy, to share her experiences with bullying, which included getting mocked when she had seizures at school.

"Overall I think it was a very positive experience. The day that the patient came in, they were moved by what she said," says Theresa Brophy, Curley School fifth grade teacher. "They learned something brand new. They learned about this condition that was new to them – epilepsy – but also met a girl who was so relatable. To me, it made a huge impact. I can guarantee that they will think twice if they see someone having a seizure."

On the final day of the program, Brophy's students settled into small groups and created posters using drawings, photographs and words to describe what they had learned throughout the week. The students will present their posters to kindergartners to share what they've learned.

Yoscairy Tejeda, 11, talked about Samantha's visit to her class, and what she learned from it. "My favorite part was Samantha talking about her condition," says Tejeda. "Sticking up for someone is good and being kind is really important."



While the initiative is evolving, Morgan will increase the amount of time spent at the Curley School before trying to implement the program in other Boston Schools. The "No More Bullying" program is adapted from the Kansas City, Missouri Wayside Waifs Program. ■

## Patient Experience Week

**AS THE MGH CELEBRATES** Patient Experience Week April 22-26, it is important to recognize that every employee, regardless of their role, shapes the patient experience.

The MGH icare model, presented by the Office of Patient Experience, reminds MGH employees they are all responsible for fostering a warm, welcoming environment and to strive always for excellence in interactions. Whether providing patient care directly or indirectly, every staff member impacts the patient experience, and consistently embracing the elements of the icare model helps to leave a lasting impression.

- I **communicate** in a warm and welcoming manner.
- I **advocate** on behalf of patients, families, colleagues and myself.
- I **respect** and embrace differing values, opinions and viewpoints.
- I **empathize** and acknowledge the feelings of others.

Supporting the MGH's mission statement, "guided by the needs of our patients and their families," the Office of Patient Experience is available to help those in need.

## Prayers for peace

**MGH STAFF** joined together for "Our Diversity is Our Strength: Discussing Islamophobia" on April 9 to recognize the victims of the March 15 terrorist attack at two mosques in Christchurch, New Zealand and discuss the impact of islamophobia in our own community. The event featured prayers led by members of the MGH Spiritual Care Department and a panel discussion, pictured above, centered on the history of Islamophobia.

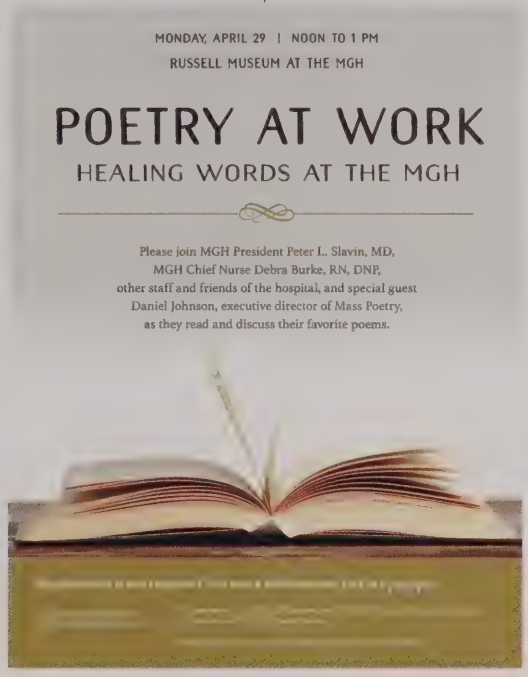
# *Literature as a safe space: MGH debuts new program*

**"THERE IS SOMETHING** about literature that gives people permission to have conversations they wouldn't normally have."

Suzanne Koven, MD, a primary care physician at the MGH since 1990 – and now the hospital's Writer in Residence – has led colleagues through many such conversations about race, religion, gender, substance use, mental illness and more. "People are eager to talk, and they don't have time to talk," she says. "This is providing a safe space."

Since 2009, Koven has facilitated discussions with clinical and nonclinical teams using novels, stories, essays and poems to explore various themes relevant to health care – themes that can be useful in helping teams find common causes in a variety of issues. The small workshops began in the Division of General Internal Medicine and now are one of many services offered by the newly-established Writer in Residence program, led by Koven.

"There were many years when I thought I wanted to bring my love of literature and writing into medicine, but life happened, and it got away from me," she says. "Then my division had the foresight and imagination to feel the goodness and importance of this program, and it has grown immensely. I am thrilled to share it with the entire MGH community."


MONDAY, APRIL 29 | NOON TO 1 PM
RUSSELL MUSEUM AT THE MGH
POETRY AT WORK
HEALING WORDS AT THE MGH
Please join MGH President Peter L. Slavin, MD, MGH Chief Nurse Debra Burke, RN, DNP, other staff and friends of the hospital, and special guest Daniel Johnson, executive director of Mass Poetry, as they read and discuss their favorite poems.

The program, established hospitalwide this year, offers members of the MGH community assistance with writing at all levels, reading and writing workshops, and events such as poetry readings, symposia, a visiting author series and town readings.

All MGH staff are invited to "Poetry at Work: Healing Words at the MGH" April 29. The National Poetry Month event will feature hospital staff reciting and discussing their favorite poems. For those unable to leave their workspace, the program also will be livestreamed via Facebook Live.

"It doesn't matter who you are, when you start talking about the really elemental things, it gets everyone to open up," says Koven. "That's been the revelation of all this. People are hungry to talk, and literature gives people the freedom to."

Learn more about the Writer in Residence program on Apollo, the MGH intranet: *apollo.massgeneral.org/writer-in-residence.* ■

# One cross-racial friend at a time

**"I HAVE BEEN DOING** organizational diversity consulting for practically my entire professional life, and I was very much convinced that our racial divide would heal through organizations, because that is where we see diverse populations. But I don't believe that is true anymore," said Deborah Plummer, PhD, vice chancellor and chief diversity officer, University of Massachusetts Medical School and UMass Memorial Health Care. "Until we change what we do outside of our 9-to-5, we won't move the mountains of racism."

Plummer – who spoke at the MGH Stand Against Racism event April 2 – discussed the importance of cross-racial friendships as a way to move toward a more equitable society and to improve race relations. It is not only the strides made by organizations to recruit a more diverse workforce, to promote more diverse candidates to leadership positions or educate employees, she said, it also is fostering deep cross-racial friendships – of which Americans have few – to provide insight into modern racism.

**MOVING MOUNTAINS:** From left, Aswini Tan-McGrory, deputy director of the MGH Disparities Solutions Center and administrative director of the Mongan Institute; Plummer; and Christy Egan, director of partnerships at the MGH Center for Community Health Improvement

"We are all, to some extent, racial isolationists," said Plummer. Some obstacles to cross-racial friendships may include demographic challenges, cultural encapsulation, a preference for those who look and think like us, parental influence, education and gender.

"Research shows that cross-racial friendship makes you happier," said Plummer, "but it also makes you more aware of racial discrimination. But that in itself is not a bad thing."

Some societal benefits of cross-racial friendships she shared include a reduction of prejudice and stereotyping, changes to cultural beliefs, and an expanded understanding of global citizenship. Plummer explained the competencies learned in cross-racial friendships can improve organizations through enhanced team performance and innovation.

"We all have a job to look at ourselves around racial identity and what that means in our lives," she said. "We still have this dominance framework, but we have to change that dominance model to a more relational model. That is why cross-racial friendships are so important – we can move those mountains of racism one cross-racial friend at a time."

The Stand Against Racism event is a nationwide YWCA movement that aims to bring people together and empower action toward eliminating racism. Another part of the series at the MGH, "Safely Comfortable: Let's Share Stories about Race in our Lives," will take place April 26 in the O'Keeffe Auditorium from 1-4 pm. ■

4·19·19

MGH HOTLINE

You are cordially
invited to the 2018
PARTNERS IN EXCELLENCE
Partners in Excellence
Award Celebration
Massachusetts General Hospital
Thursday, April 25, 2019, 1:00 – 2:00 p.m.
Bulfinch Tents
Featuring a photo opportunity with hospital leadership and a reception
PARTNERS HEALTHCARE
FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

# Honoring Medical Laboratory Professionals

**THE MGH WILL JOIN** the nationwide celebration of Medical Laboratory Professionals Week, April 21-27. The hospital's Pathology laboratories contribute to the clinical mission of countless clinical programs, services and areas throughout the hospital. The hospital will host employee events, lectures, trivia activities and giveaways, and an information table in the White corridor April 23 for staff to learn more about the Pathology Service.

"MGH Pathology lab personnel work behind the scenes but keenly understand how the critical testing they perform every day assists with patient diagnosis and treatment," says David Louis, MD, chief of the Pathology Service. "In this light, we greatly appreciate the kind words and recognition from our colleagues involved in direct clinical care."

Here is what leaders of some of these clinical areas had to say:

*"The Division of Infectious Diseases could not do its work without the outstanding and highly collaborative work of the Microbiology Laboratory in the Department of Pathology. The Microbiology Laboratory provides round-the-clock, world-class services in virology, bacteriology, mycology and parasitology through the application of cutting-edge technologies. These collaborative efforts play critical roles in advancing patient care and outbreak response, as well as in facilitating MGH infection control and antimicrobial stewardship programs. The close communication and interactions between Infectious Disease and Microbiology staff means that critical decisions are made in real time, facilitating targeted and lifesaving treatments and interventions. Quite simply, the MGH Microbiology Laboratory is a central and critical component of the outstanding care patients and their families receive at the MGH."* ***-Edward Ryan, MD, director, Global Infectious Diseases***

*"We in the operating room are truly blessed to have a great relationship with the dedicated professionals of the Pathology lab. The staff are professional, friendly and always available to help our staff. They are an extended part of the perioperative team working to provide the very best for our patients. We are grateful to have them as part of our team."* ***-Michael Farrell, RN, MS, CNOR, nursing director in the Operating Room, Perioperative Services*** ■

# – Bed reallocation

*(Continued from page 1)*

PCS Clinical Support Services, with the goal of achieving a seamless process ensuring patients receive the same expert, high-quality care.

"We had a vascular patient who had been admitted several times before, and she told us at first she was nervous that she didn't recognize any of the staff. But she told us later she was very happy with the care she received," says Michelle Anastasi, RN, nurse director of Ellison 19.

"Our teams have a really strong commitment to their patients. Health care is always changing – there is always something new and there are continuous learning opportunities. While it hasn't always been easy, staff are resilient, and they are embracing the new opportunities. They know it takes time to establish expertise and they know it will happen," Anastasi added.

During the past two months, the units have hosted additional staff meetings and huddles to help with the transition, and leadership has recognized efforts with deliveries of pizza and cake as tokens of appreciation. Staff on both units received fleece vests, and, in the early days of the transition, nurses on Bigelow 14 dressed in purple to celebrate the name of their Hospital Medicine provider team, "Albright Purple."

"This project really highlights how highly skilled our nursing staff is and how they can retrain themselves to care for a new patient population," says Peter Dunn, MD, vice president of Perioperative Services and Healthcare System Engineering. "We know this is a challenging time right now, but we also know we will see a real benefit to the hospital in 6 to 12 months. It's moving us in a positive direction." ■

# Employee Medication Take Back Days

**ON APRIL 24 AND 25** from 8 am to 5 pm, the MGH/MGPO Opioid Task Force will host Employee Medication Take Back Days. Staff are asked to bring unused or expired prescription medications – not limited to pain medications – for anonymous, safe disposal. Needles and syringes cannot be disposed of at this event.

An education table and medication bin will be set up by Coffee Central in the White corridor. There will be educational materials and giveaways available, including $5 gift cards to MGH eateries for the first 50 participants each day. Any employee who returns unused prescription medications can enter a drawing for an Apple Watch. Entrants will be given a numbered ticket at the table. The winning number will be announced via the MGH Broadcast email.

For more information, contact Jenna Berube at 617-724-9080.

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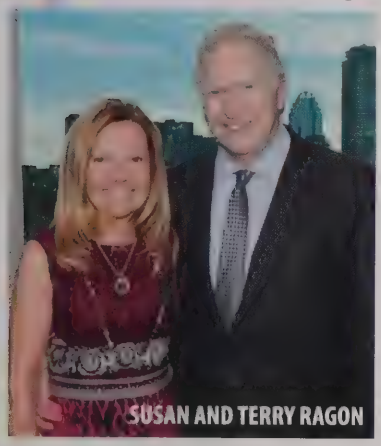
MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# Major milestones for Ragon Institute

## *MGH receives $200 million to advance research into complex diseases*

**THE MGH HAS RECEIVED** the largest gift in the hospital's history – $200 million – to endow the Ragon Institute of MGH, MIT and Harvard. This landmark contribution from philanthropists and longtime hospital supporters Phillip T. (Terry) and Susan M. Ragon comes as the institute marks the 10th anniversary of its founding, made possible by an initial $100 million commitment from the Ragons in 2009. The new gift strengthens and secures the future for institute scientists as they continue pursuing novel ways to harness the immune system to prevent and cure disease.



SUSAN AND TERRY RAGON

The Ragon Institute is directed by physician-investigator Bruce D. Walker, MD, of the MGH Infectious Diseases Division, who has built and nurtured a vibrant research enterprise by breaking down traditional scientific boundaries and leveraging ideas and perspectives from nontraditional collaborations. (See related story at right.)

*(Continued on page 4)*

## *Study identifies viral targets critical to natural HIV control*

**A STUDY BY INVESTIGATORS** at the Ragon Institute of MGH, MIT and Harvard may be a major milestone in the search for a vaccine to prevent or treat HIV infection. In the May 3 issue of *Science*, the researchers describe identifying what could be the way the immune systems of a few individuals control HIV infection with no antiviral drugs – by targeting amino acids in the protein structure of the virus that are essential to its ability to function and replicate.

"Our findings provide a putative mechanism for a major component of successful immune control of HIV," says Gaurav Gaiha, MD, DPhil, of the Ragon Institute and the MGH Gastrointestinal Unit, co-lead author of the *Science* paper. "We believe these findings could have major implications for the development of T-cell-based vaccines for HIV and for other pathogens as well."

In the 25 years it has been known that a few individuals infected with HIV are able to suppress the virus with their immune systems, a powerful response by pathogen-killing CD8 T cells has been suggested as a probable mechanism. The Ragon team used a novel approach to examine the complex, structural

*(Continued on page 4)*

## Sweet as PIE

**MGH STAFF CELEBRATED** the 23rd annual Partners in Excellence (PIE) Awards April 25. The 155 individual and 100 team recipients were congratulated by Peter L. Slavin, MD, MGH president, and Margaret Norton, Partners HealthCare chief of staff, and treated to a photo booth with picture frames, props and, of course, pies. ■

# RESEARCH ROUNDUP

### Experiencing adverse events at a young age may increase risk of mental health disorder

A recent MGH study found that children who experience adverse events such as poverty, family and financial instability, and abuse before the age of 3 may be more likely to have changes in gene function that may negatively impact their mental health later in life.

The report – which analyzed data from more than 1,000 randomly selected mother and child pairs – found the timing of adverse experiences before age 3 has a more powerful effect than the number of such experiences or how recently they took place.

"One of the major unanswered questions in child psychiatry has been 'How do the stressors children experience in the world make them more vulnerable to mental health problems in the future?'" says Erin Dunn, ScD, MPH, of the Psychiatric and Neurodevelopmental Genetics Unit in the Center for Genomic Medicine, the corresponding author of the study.

If the findings are replicated, they could help to prioritize treatment strategies to help children in this vulnerable group.

### Are women paying too much for skin care products?

Over-the-counter facial moisturizers are a widely used and commonly recommended skin care product, but a new study from MGH dermatologists finds that, when it comes to price, men's and women's products are not considered equal.

The team reports finding significant, gender-based price discrepancies in a 2018 survey of 110 facial moisturizing products from three top online retailers – Amazon, Target and Walmart.

They found that, on average, skin care products targeted at women cost $3.09 more per ounce than those marketed to men. The total number of fluid ounces per bottle was not significantly different between the groups.

"If skin is dehydrated, it can lead to serious problems like eczema and rosacea," says the study's lead author Maryanne Senna, MD, of the Department of Dermatology. "Despite some recent government-led efforts to restrict gender-based pricing differences in the retail market, our study shows that discriminatory pricing persists and remains a real issue when it comes to dermatologic products."

### A better model for testing new cancer treatments

MGH researchers have developed a new zebrafish model for testing cancer treatments that is less expensive, easier to use and can provide cellular level detail of interactions between drugs and cancer cells.

The fish have been genetically engineered to have compromised immune systems, which enables scientists to implant and grow human cancer cells within them. The fish are also transparent, which allows researchers to observe drug characteristics and cellular processes in real time.

The study was led by David Langenau, PhD, of the MGH Molecular Pathology Unit and the MGH Cancer Center.

## *Making the ordinary extraordinary*

***"IT IS FITTING** that MGH has a hospitalwide award honoring the crucial but easily overlooked job of secretary. In my third decade here, I continue to encounter extraordinary people at that position, everywhere from the Bulfinch executive suites to the nursing units and CT scan desk. MGH teems with wonderful, helpful people who are the face and voice of this hospital. Amidst that throng of 20,000 very helpful people, JoAnne Reilly stands out."*

–Walter J. O'Donnell, MD
Clinical director, Pulmonary and Critical Care Unit

JoAnne Reilly, executive staff assistant in the Pulmonary and Critical Care Unit, was honored as the annual Pamela J. Ellis Memorial Secretarial Award recipient at the April 24 Administrative Support Staff Day Luncheon. Reilly was recognized for her kindness, extraordinary ability to handle difficult situations, patience and consistent ability to go above and beyond – qualities highlighted by O'Donnell in his nomination letter for Reilly.

"Other hospitals are made up of the same concrete, the same bricks, the same glass as ours," said Peter L. Slavin, MD, MGH president. "But it really is the people of this hospital – each of you – that makes it so special and a beacon of hope for all our patients."

The award was established in recognition of the outstanding performance and values of Ellis, who served as an executive secretary at the MGH from 1992 – 1996, and honors MGH secretarial staff who exhibit outstanding qualities in their work. This year, 137 staff members were nominated for the award. The complete list of nominees is featured in a framed plaque hanging on the wall opposite the MGH Gift Shop and will remain there for the upcoming year.

*"Even at an extraordinary place like Mass General, even in an ordinary job like secretary, JoAnne is exceptional and extraordinary, helping to make MGH the incomparable place that it is."* ■

**AMAZING ADMINISTRATORS:** From left, O'Donnell, Reilly and Alice DuBois, NP, Pulmonary and Critical Care Unit

# NOTABLE NURSES: A celebration of Nurses Week 2019

In honor of National Nurses Week, May 6-12, *MGH Hotline* shines a light on some of the hospital's amazing nurses, and how they help promote the MGH mission – advancing practice, research, education and community outreach. Thank you MGH nurses for all you do for our patients every day.

## SHEILA ARSENAULT, RN (31 years at the MGH)

*Unit Nurse Leader, Chelsea HealthCare Center* | Specialty/focus: Primary Care

"I was drawn to the Chelsea HealthCare Center because of its diversity. I realized soon after I started working how dedicated the staff was in caring for this population. I love being able to help our patients navigate the health care maze, and how much they appreciate our help. One of my greatest joys is mentoring staff to help them work at their highest level and continue their education in health care. I have had two medical assistants receive their registered nurse degree, and four more staff are in school to become nurses. I have been a nurse for 53 years and would choose this amazing profession again."

## SAHEEDA MOHAMMED-KELLY, RN (18 years at the MGH)

*Certified Childbirth Educator; Staff Nurse; AHA CPR Instructor, Blake 14*

Specialty/focus: Labor and Delivery, Childbirth Education

"As long as I can remember, I always wanted to help deliver a baby. I initially thought I would become an obstetrician but looked into nursing instead and am so grateful that I did. Nursing, especially being a Labor and Delivery nurse, allows me to contribute to the positive experience patients have during their labor and delivery. I have always had a passion for caring for women at their most vulnerable times. I feel truly blessed to be allowed to support and help women at this very special time in their lives, which has also helped me to achieve my lifelong goal of birthing a baby. I can honestly say I love my job!"

## GINO CHISARI, RN-BC, DNP (35 years at the MGH)

*Director, Norman Knight Nursing Center for Clinical and Professional Development; Dorothy Ann Heathwood Endowed Chair in Nursing Education*

Specialty/focus: Nursing Education and Professional Development

"In 2015, I was asked to develop a nursing competency model for the Jiahui International Hospital (JIH) in Shanghai, China. Once the model was accepted, the next step was to determine the gaps in knowledge and skill between current Shanghai nursing practice and the international nursing standards JIH adopted. Identifying the gaps lead to the development of several comprehensive curriculums focused on nursing practice across the life span. Most recently, my focus has shifted from clinical teaching to mentoring, coaching and overseeing the development of the JIH Educational Department. The experience has once again demonstrated to me that the noble work of nurses is the same everywhere in the world and being allowed to provide care to a patient and their family is an honor and privilege."

## KRISTEN SPRIGGS, RN (11 years at the MGH)

*Infusion Nurse, Termeer Center* | Specialty/focus: Oncology - Phase One Clinical trial unit

"My experience as an infusion nurse in the Termeer Center has given me a new perspective on research and the ability to contribute to cutting-edge cancer treatment development while still providing patient-centered care. In Termeer, we are able to work on research without sacrificing our patients' needs. We take a holistic approach to patient care while maintaining research standards."

## INES LUCIANI-MCGILLIVRAY, RN, BSN, CEN (34 years at the MGH)

*Clinical Nurse, Emergency Department (ED)* | Specialty/focus: ED Post-discharge phone calls

"I feel honored to be part of a great team of nurses that help provide post-discharge calls to patients. Decreased patient follow-up with providers soon after being discharged home from the Emergency Department can lead to an increase in preventable ED readmissions, which contributes to many challenges. Nurses provide more than 100 calls per day – 24 to 48 hours post-ED discharge over 8- to 10-hour shifts. I feel that nurses are usually the first and last people that interact with the patient and can have a significant impact on high-quality, coordinated, safe patient discharge and increased patient compliance with follow-up."

# College education achievable through MGH resources

**SANDRA THOMAS** knows how to use the resources available for employees to grow at the MGH. She began working at the hospital in 1998 as an operations associate on the Central Resources Team and soon wanted to focus on career development and confidence-building. With encouragement from her family and MGH mentors Christine Annese, RN, staff specialist, and Maureen Schnider, RN, nursing director, Thomas was accepted to UMass Boston in 2003.

THOMAS

By taking one class at a time, Thomas was able to use several resources available to MGH staff – the Tuition Assistance Program, the Support Service Employee Grant and the Association of Multicultural Members of Partners (AMMP) Scholarship – to finance tuition costs. This allowed her to avoid taking out a loan and complete her education at her own pace. Thomas graduated with a bachelor's degree in management in 2015.

"Always be positive and look on the bright side of things," says Thomas, who is now planning to attend the UMass Boston MBA program.

"MGH employees are encouraged to pursue these opportunities and take advantage of the resources to help with career development," says Christopher Conant, training coordinator, MGH Training & Workforce Development. "The Support Service Employee Grant is not only a financial resource but also is a chance for employees to set up job shadows and learn more about other areas of the hospital."

Applications for the 2019 MGH Support Service Employee Grant are being accepted through May 15 at 5 pm. The grant is available to eligible non-exempt employees in administrative, clinical, service or technical support roles. For more information about the Support Service Employee Grant, the Tuition Assistance Program, AMMP Scholarship or financial aid workshops, email *MGHTraining@partners.org.* ■

## *– $200 million gift*

*(Continued from page 1)*

One of the major challenges that has been a focus for Ragon scientists has been the quest to develop an effective vaccine against HIV, a goal that has eluded the best efforts of researchers around the world for three decades. In recent years, however, Ragon scientists have made significant strides toward overcoming certain complicated obstacles. A vaccine developed by scientists at the institute is currently being tested in a large efficacy trial in Africa.

The expanding knowledge and encouraging progress achieved during the institute's first decade inspired the Ragons to increase their support in a meaningful and long-lasting way. "It is an honor and a great privilege to have the opportunity to participate in such an exciting effort to profoundly affect the lives of many people who struggle with infectious diseases such as HIV," said Terry Ragon, who is founder, owner and CEO of InterSystems Corporation, a database software company based in Cambridge. "We are confident and excited that we are well along the path to a vaccine, and hopefully, a cure as well, for HIV and ultimately a broad range of other diseases."

Susan Ragon, vice president of Finance, Administration, and Recruitment at InterSystems, also expressed pride in the work of the past decade and optimism for the future. "After a decade of steady progress, we could not be more proud of the success and achievements resulting from the interdisciplinary teamwork that is a hallmark of the Ragon Institute," she said. "Our organization was started with the support of some of the greatest local institutions in Massachusetts – MGH, Harvard and MIT. While this is a global effort, its local implications for patients, and their friends and families are profound."

Calling the Ragons "true visionaries," Peter L. Slavin, MD, MGH president, applauded their unwavering commitment to making the world a better, safer and healthier place. "The Ragon Institute is a hub where brilliant minds come together to collaborate and solve intractable health problems," he said. "Terry and Susan Ragon are two of these enlightened thinkers who, through their generosity and vision, are saving lives. Their support, leadership, passion and confidence enable the Ragon Institute to think boldly, be daring and aim high – now and long into the future." ■

## *– HIV control*

*(Continued from page 1)*

bonds within and among viral proteins to identify specific amino acids crucial to viral function. Not only were they able to determine amino acids that, if mutated, impaired the ability of the virus to infect cells and replicate, they also found that those amino acids were specifically targeted by the functional CD8 T cells of HIV controllers but not of those in whom infection progresses.

Ragon Institute Director Bruce Walker, MD, who led the study says, "In 1994 we first encountered a patient who was able to naturally control HIV with his own immune system, and now we finally understand how he and others like him are able to do it." The Ragon team has already begun working on a vaccine based on this study's findings.

WALKER

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**COLORFUL CORRIDOR:** Amanda Baudanza and Jonathan Zuker's artwork displayed on Yawkey 7

# Art in bloom

**A SMALL BEE SITS** on a bouquet of cheerful red paper flowers that soon will brighten the room of a patient undergoing cancer treatments at the MGH. While it may look like a simple design element by floral arrangement artist Amanda Baudanza, its meaning is deeply personal, as it honors her late husband TJ Baudanza.

"With its large body and small wings, traditional wisdom says a bumblebee shouldn't be able to fly," Amanda says. "But the bumblebee doesn't know that, so it just flies anyway. TJ thought like that. He would say, 'I have cancer, but it doesn't matter what I'm going through – I'm going to beat it."

Diagnosed with colon cancer in 2011, TJ battled the disease for four years. It was during one of his hospitalizations that Amanda first created a paper flower display – the only type of bedside flower allowed in the room due to his compromised immune system. After his death at age 32 in 2015, Amanda turned her crafting hobby into a business with the launch of AJBees. She donates 10 percent of proceeds to the MGH to benefit cancer research in her husband's memory.

*(Continued on page 4)*

## MGH team in Mozambique supports Cyclone Kenneth recovery efforts

**EFFORTS OVERSEAS:** At left, Berlin and Winkler-Gettings organize pharmaceutical supplies; at right, Welder and Mather with members of Team Rubicon

**THE MGH CENTER FOR GLOBAL HEALTH (CGH)** Office of Global Disaster Response deployed a six-person team on May 8 to support residents affected by Cyclone Kenneth in Cabo Delgado Province, Mozambique.

Team leader Lindsey Martin, NP, Blake 12 Intensive Care Unit (ICU); deputy team leader Kristen Giambusso, MPH, CGH; Carmela Berlin, RPh, Pharmacy; Catherine Welder, RN, Medical ICU; Michelle Winkler-Gettings, RPh, Partners eCare; and David Mather, AS, NREMT-P, Center for Disaster Medicine, are aiding the nonprofit Team Rubicon, a veteran-led global disaster response organization launching a mobile medical aid operation to the southeastern African nation.

"Mozambique has been impacted by two sequential Category 4 storms in a community already beleaguered by poverty," says Hilarie Cranmer, MD, MPH, director of MGH Global Disaster Response. "It is our hope to provide a professional response to

*(Continued on page 3)*

# *Scientific Advisory Committee meeting focuses on challenges facing research faculty*

**THE 2019 SCIENTIFIC ADVISORY COMMITTEE (SAC)** meeting reflected a shift in focus from the progress of research at the MGH to the challenges facing members of the hospital's research faculty. The April 4 meeting, preceded by the annual Celebration of Science on April 3 (*see sidebar at right*), began with a keynote interview by Linda Henry, managing director of the *Boston Globe* and *STAT*, of Harvard University president Lawrence Bacow, JD, MPP, PhD, who noted that, while progress has been made to increase research career opportunities for women, underrepresented minorities and those with financial challenges, obstacles still exist.

Karen Donelan, ScD, EdM, of the Mongan Institute Health Policy Center, reviewed the results of a survey of research faculty taken late in 2018. While participants expressed satisfaction with things like collaboration with outstanding colleagues, the innovative science and technology developed at the MGH and mentoring, they were least satisfied with administrative burden, organizational bureaucracy and with the need to raise sometimes-uncertain "soft money" to support their work. More than 23 percent of respondents reported receiving disrespectful treatment they felt was based on gender-related factors, age, or racial or ethnic background.

"In addition to the faculty survey, we solicited personal testimonials from faculty who had confronted diverse impediments to career success – ranging from balancing clinical versus research commitments, to work/life balance, to health challenges to concerns around discrimination," said David Fisher, MD, PhD, director of Dermatology and chair of the Executive Committee on Research (ECOR).

A separate quality-of-life survey was conducted in September 2018 among CNY-based faculty, and David Langenau, PhD, of the Department of Pathology, explained the distance between CNY and the MGH's main campus was identified as a major issue, leading many respondents to express feelings of isolation. Limited options for transportation, food and retail options were also cited, and Langenau said measures to address these concerns had begun, including changes to shuttle bus routes, updated parking policies, additional food options, and scientific and social events.

Several faculty members described how resources like the Claflin Awards and the support of senior research mentors enabled them to develop their careers, and members of the Center for Faculty Development reviewed the resources available through the Office for Research Career Development and the Office for Women's Careers. Afternoon sessions focused on the challenges of attracting and retaining a diverse research workforce, and the importance of raising philanthropic funds to support programs like the MGH Research Scholars.

Fisher said that SAC committee members sharing best practices from their institutions helped leadership brainstorm some MGH-specific challenges, opportunities and potential solutions. "It was a sobering and highly informative process – one that will guide attempts to improve the quality of life for MGH research faculty into the future." ■

### CELEBRATION OF SCIENCE FEATURES AWARD-WINNING RESEARCH

Recipients of the MGH's three top research awards gave presentations on their work at the annual Celebration of Science on April 3.

- **Tanuja Chitnis, MD,** of the Department of Neurology, received the Martin Prize for Clinical Research for her *New England Journal of Medicine* paper describing the first phase 3 clinical trial comparing fingolimod, a new oral drug for pediatric multiple sclerosis, to what had been the standard of care. The trial found that participants receiving fingolimod had an 82 percent reduction in relapses, results that have led to the drug's FDA approval.

- **Robert Anthony, PhD,** Center for Immunology and Inflammatory Diseases in the Department of Medicine, received the Martin Prize for Fundamental Research for the *Cell* paper describing his team's successful re-engineering in animal models of antibodies that attack an individual's own tissues into anti-inflammatory antibodies. This ability, accomplished by attaching a specific sugar molecule to a key antibody region, may help improve treatment of autoimmune diseases.

- **Marcela Maus, MD, PhD,** of the MGH Cancer Center and the Department of Medicine, received the Goodman Fellowship for her investigations into the use of specially engineered immune cells called CAR-T cells to induce an immune response against cancer. The approach has been successful in individuals with some forms of leukemia, but not all patients respond and many have significant side effects. Her team will develop new strategies to improve outcomes and expand the types of cancer that can be treated with immune-system-based therapies.

The MGH Research Scholars Class of 2019 was announced at the evening reception.

- Jodie Babitt, MD, Department of Medicine, Division of Nephrology
- Dara S. Manoach, PhD, Department of Psychiatry, Martinos Center for Biomedical Imaging
- Miguel N. Rivera, MD, Department of Pathology, Cancer Center
- Natalia S. Rost, MD, MPH, Department of Neurology, Fireman Vascular Center
- Amar Sahay, PhD, Department of Psychiatry, Center for Regenerative Medicine

## Asthma awareness at MGH Revere

The MGPO Population Health team sponsored an information table at the Revere HealthCare Center Pediatrics practice May 9 in recognition of Asthma Awareness Month, featuring educational handouts about asthma overall and asthma trigger management. There also were demonstrations on the proper use of a spacer and information about natural alternatives for household cleaning products. Here, from left, Natalie Johnson, senior project specialist, MGPO Performance Analysis and Improvement, and Christus Georges, pediatric asthma coach, MGPO Performance Analysis and Improvement, display a poster they created demonstrating what asthma does to the lungs and airways, common asthma medications and triggers. ■

# *Ebola readiness: Staff practice proper lab procedures*

**APRIL 26, NOON:** A blue cooler containing specimen samples is wheeled to the Microbiology Biothreats Laboratory in the Jackson Building. It is in this 283-square-foot room where, for the next three hours, a group of laboratory technicians will carefully and efficiently test the samples for possible Ebola virus disease as well as other labs that will help direct patient care.

The scenario is one of the Center for Disaster Medicine's (CDM) monthly exercises, and the drill is as close to a real-life situation as possible.

"The lab is a vital yet often unseen component of our program," says Eileen Searle, MPH, RN/NP, CCRN, Biothreats Clinical Operations program manager in the CDM.

Senior Medical Technologists Akita Joshi and Derek Bielawski – both newcomers to the drills – properly sterilize and label all specimen containers in the hood before transferring them through the airlock chamber into the negatively pressured biosafety cabinet. It is in this cabinet that all specimen testing will occur, preventing exposure to any airborne pathogen.

In addition to training staff members who have not taken part in a drill, the lab leadership and CDM staff assess and update processes based on feedback from this and previous drills. These included new methods of donning and doffing personal protective equipment (PPE), effective transport of the medical waste after testing was complete, ensuring labels do not wipe off the tubes and that all information flows seamlessly into Epic.

"We aren't teaching clinicians how to be clinicians," Searle says. "What we have to do is practice a different way of doing things so when there is an actual event, our clinicians will know just what to do." ■

JOSHI AND BIELAWSKI

## Making a mark on mentorship

**"YOU CAN MAKE** all the rules and set all the examples, but unless you change the culture you've got nothing," said Keith Lillemoe, MD, chief of the Department of Surgery, at the 11th annual Nancy J. Tarbell, MD Faculty Development Lectureship Series. "I think there has been a glass ceiling for women in surgery, and we are working hard at the MGH to change that."

Lillemoe spoke on the topic of mentorship and its inequalities in his lecture, "Mentoring in Academic Medicine: Much Accomplished, But Still Much More to Do," at the May 8 event hosted by the MGH Center for Faculty Development. "We have to work to overcome the message, 'people hire who they look like,'" he said.

Tarbell – the founding director of both the Center for Faculty Development (CFD) and the Office for Women's Careers at the MGH – was instrumental in advancing and promoting the academic careers of MGH faculty. The lectureship series was established to honor that dedication and leadership while providing career advancement and professional development insights to faculty from highly regarded leaders.

"I am the beneficiary of outstanding mentorship," said Lillemoe. "I want to make sure the mentoring I've received throughout my career is available to my daughter and for all the female residents and faculty in the early stages of their careers."

From left, Peter L. Slavin, MD, MGH president; Tarbell; Lillemoe; Theodore Stern, MD, CFD interim director; Anne Klibanski, MD, interim president and CEO of Partners HealthCare; and Donna Lawton, CFD executive director

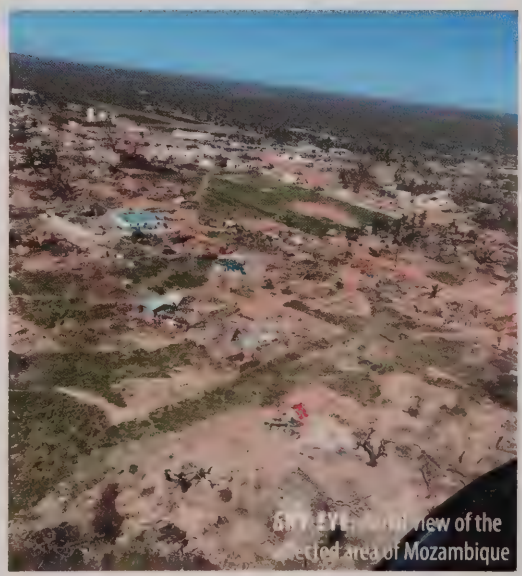
## – *Mozambique*

*(Continued from page 1)*

those affected with this deep and experienced team working with Team Rubicon."

Working in conjunction with local, provincial and national authorities, Team Rubicon is providing mobile medical services to affected communities, including triage, clinical care, and basic laboratory and pharmacy capabilities.

In coordination with the broader incident response framework, the mobile medical team will work to help stabilize the area, provide medical care in hard-to-reach and remote areas, and help to monitor for and prevent disease outbreaks. ■



BIRD'S EYE [illegible] new of the affected area of Mozambique

TRAINING: John Perry, [illegible] and Security operations supervisor, shares his cruiser with [illegible] attendee.

## Popcorn and police officers

**EMERGENCY VEHICLES AND CREW MEMBERS** took over the Bulfinch Lawn as children gathered for the MGH's second Touch-A-Truck event May 15. Pediatric patients, their siblings, children of employees and local school children climbed through emergency vehicles, sounded sirens, and donned fire helmets and police badges.

Personnel from the Boston Fire Department, Boston Emergency Medical Services, Chelsea Police Department, Suffolk County Sheriff's Department and the Winthrop Police Department shared how they keep communities safe, while visitors snacked on popcorn and cotton candy served by MGH Police and Security officers, and "copsicles" offered by the Chelsea Police Department's community policing ice cream truck.

The event is part of the PUPP (Police Uniting with Pediatric Patients) program, a collaboration of the MGH Police, Security and Outside Services and MassGeneral Hospital for Children's Child Life Program providing fun, interactive and educational activities to patients to bolster positive relationships between first responders and community members.

## – *Yawkey art*

*(Continued from page 1)*

### A KINDRED SPIRIT

Clad in a purple Polo shirt dotted with paint and clutching a brush in his left hand, Jonathan Zuker swirls bright colors onto a square canvas. Sunlight pours in the floor-to-ceiling windows on Yawkey 7 where Jonathan's finished paintings are on display, showcasing iconic New England images. Patients pause to admire his work and the artist engages them in conversation, handing them a signed coaster featuring his art.

A patient walks by and Jonathan greets the woman by name and a warm hug. "We call him the pied painter," she says. "He really uplifts the spirits. It's always a joy to see him here."

Jonathan sets up his easel on Yawkey 7 every Wednesday and 15 of his paintings are on display at MGH Danvers. Like Amanda, his road to creativity stems from a loved one undergoing cancer treatments at the MGH. For Jonathan, it was his father Michael who died four months after being diagnosed with late stage lung cancer 15 years ago.

JONATHAN AND AMANDA

"When my dad was diagnosed, I was going to architecture school. Once, when I brought him in to treatment, he turned to me and said, 'The only thing you need is to stay positive.' During his appointments, I started bringing paints and watercolors and I'd just doodle and people in the waiting room responded to it. I would hang the paintings in his room and I think it really brought us even closer together. He had four months of the most compassionate care – there are no words to say what that meant to us."

Soon after his death, Jonathan, his mother, Susan, and his brother Matthew started the Conquer Cancer Coalition, a non-profit organization that has raised more than $1 million to help fund programs related to cancer throughout Massachusetts.

"People turn the corner and they are met with something so colorful and so happy that it makes them happy, and walking by brings back memories of something other than cancer," says Susan Zuker, who is an active presence during her son's Wednesday visits. "We go home thinking how lucky we are. It's a kindness people don't expect and that we are so happy to give. Jonathan's got a heart of gold – his dad would be so proud."

### A CHANCE MEETING

Last August, Amanda met Jonathan and his mother at a cancer fundraiser. They immediately bonded, forming a friendship they all agree is one that is more like family. When Jonathan learned about Amanda's artistic talents and her dedication and support of the MGH, he knew the Conquer Cancer organization could help bring more of her creations to patients who could use a boost.

The organization purchases and donates four bouquets a month to the MGH Caring for a Cure group – founded by the nurses of the Adult Hematology/ Oncology and Bone Marrow Transplant Program – who work to ease the journey and uplift the spirits of their patients.

"We have collected so many inspiring people along our journey, and we were so happy to meet Amanda as we both enjoy adding some color to the hospital," says Jonathan. "TJ lives on in everything that Amanda does and everything we do. His attitude was that nothing's going to stop me – and that's continued whether he is here or not. With my dad, and with TJ, we want to let their voices carry forward in a positive way and make a difference for others. I want the people who are experiencing what we did to also have a positive memory and we help by having that memory be colorful paper flowers."

"And art," Amanda adds.

Jonathan smiles. "Beautiful art. That's what we wanted to leave them with." ■

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# Baby boom on Lunder 10

**BUSY NURSES ON LUNDER 10** are about to become even busier. Fourteen staff members on the oncology unit are pregnant – with one expecting twins – and they all are due between May and November. Some mothers-to-be are pregnant with their first child, others with their second or third.

"As a first-time mom, I didn't really know what to expect," says Sarah O'Malley, RN, who is due in August. "It's comforting to have friends who have done it and have them be so encouraging, telling me, 'You're going to figure it out.'"

Despite the number of maternity leaves to navigate, Ellen Fitzgerald, RN, nursing director on the floor, is excited by every pregnancy announcement. "I don't know how you can be anything but joyful about bringing life into the world," she says.

## Physician recognition dinner honors clinical excellence

**MORE THAN 680 PHYSICIANS** and guests celebrated the 10th physician recognition dinner on May 18, which included the presentation of five Brian A. McGovern, MD Awards for Clinical Excellence. The award was created in 2004 – a year after the well-loved MGH cardiologist's death – to honor physicians who exemplify his clinical acumen, dedication, compassion and kindness. This year, 168 nominations were submitted for 102 physicians. The recipients were:

**Medical Services**

- John Herman, MD, Psychiatry
- Walter O'Donnell, MD, Pulmonary and Critical Care

**Other Services**

- Helen Shih, MD, Radiation Oncology

**Surgical Services**

- Brooke Swearingen, MD, Neurosurgery
- May Wakamatsu, MD, Obstetrics & Gynecology

"Thank you all for the excellent care you provide patients every day," said Timothy G. Ferris, MD, MGPO CEO. "Over the past two years, I have spent time in many of our divisions, and I continue to be inspired by the breadth and depth of the commitment and caring you show our patients, team members and each other. Your commitment to excellence is what makes Mass General an international leader in health care." ■

**SALUTE TO SERVICE:** From left, Herman, Shih, Swearingen, O'Donnell and Wakamatsu

# *Recognizing those who fuel the hospital's rapidly growing research enterprise*

**THE MGH RESEARCH INSTITUTE** leadership team and the Center for Faculty Development joined forces for Research Staff Appreciation Day at the hospital's main campus and the Charlestown Navy Yard earlier this month.

Staff members – laboratory technicians, chemists, clinical research coordinators and many others who support research at the hospital every day – were treated to a picnic-themed lunch and a made-to-order ice cream sundae bar with the heavy scooping done by Research leadership.

"Research is a team sport, and you all play a pivotal role in making it possible for us to do what we do," said Maurizio Fava, MD, director of the Division of Clinical Research of the Research Institute.

At the main campus event under the Bulfinch tent, Harry Orf, PhD, senior vice president for Research, told attendees they are the fuel that drives the research engine at the MGH – an enterprise that grew to $928 million in 2018 and is on track to increase significantly once again this year.

"On behalf of everyone here, we want to thank you for the role you play in research," said Susan Slaugenhaupt, PhD, scientific director of the Research Institute. "I hope that you'll all help us spread the word about the science that happens at Mass General. Enough people in our world do not understand that we are the biggest and arguably the best research enterprise in the country, so you can help us spread the word." ■

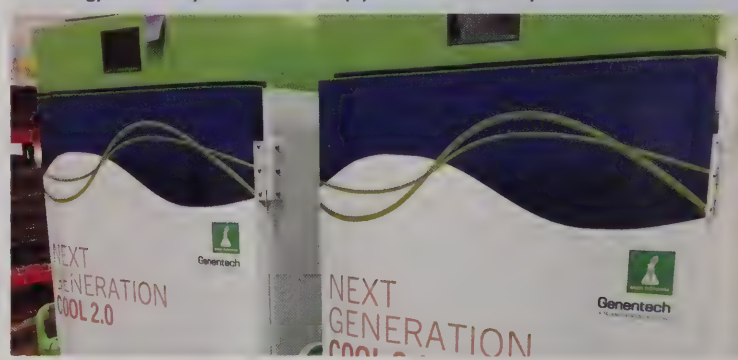
# New freezers a hot commodity

**AS PART OF AN** Eversource energy conservation program, 50 new energy-efficient minus 80-degree Celsius Stirling freezers became available at no cost to MGH researchers in December 2018. A drawing was announced by Harry Orf, PhD, senior vice president for Research, to determine which researchers – after meeting a few simple criteria – would be able to exchange their old freezers for an upgrade. Entries poured in, and a total of nearly 400 researchers responded in hopes of receiving a more energy-efficient, cost-saving subzero freezer.

"We have almost 700 minus 80-degree freezers that are used throughout the MGH Research community, and that adds up to using quite a bit of energy," Orf says. "The new technology in these freezers makes them ultra-efficient, using only 24 percent of the energy of our older models."

The MGH Facilities Engineering Department was already looking into ways to switch out the old freezers when they became aware that Eversource was giving away 100 units, says Orf. The MGH and Brigham and Women's Hospital decided to share the 100 through the random number drawing. Once the freezer swap was completed in March, the old freezers – if still in working order – were sent to be reused or for metal reclamation.

"We still have hundreds of old freezers to swap out, so our next task is to come up with an incentive program to switch them," Orf says. "At the MGH, we are always looking for ways to promote energy-efficiency, and this is simply one of those ways."




# I am MGH: Surgery

**THE MGH AIMS** to provide excellent patient care, train the next generation of leaders, advance health care through innovative research and serve the local community every day. The following excerpts are from videos of four residents in the MGH Surgical Residency Program, who share their experiences as students, clinicians, researchers and members of the MGH family. The residents discussed their expectations, preconceived notions, what led them to choose the MGH and the experiences that have surprised them during their years here. Visit *http://www.massgeneral.org/diversity-inclusion* to view all of the videos.

**CAN YOU SPEAK TO THE DIVERSITY IN BOSTON AND AT THE MGH?**

I was exposed to a bit more diversity in North Carolina than I have been in Boston, but it's changing. I think in my five years here it has changed a fair amount. Around the hospital, there are a lot of academics and forward-thinking people, which helps. Certainly some interactions have not been as openminded as I would like, but I take that as an opportunity to educate people and move things forward. The Surgery residency has changed a lot since I've been here. Our diversity numbers are improving. People are realizing it's necessary – not just because it's a thing you want to have, but it's clear from research that having a diverse workforce makes you better.

**Asishana Osho, MD, MPH**
**Fifth year resident**

# *Diversity & Inclusion in Action:*
## *Joyce Miller, volunteer coordinator, MGH Volunteer Department*

**HOW DID YOU COME TO WORK HERE?**

I started my career at the MGH in 2004 working in 3D imaging as a staff assistant. With the encouragement of my director, Gordon Harris, I went back to school and earned my bachelor's degree in Health Care Management. From there, I've held a variety of roles including credentialing coordinator in Cardiology, grant administrator/financial analyst for the Laboratory for Computer Science and patient service coordinator for the Cancer Center. Currently, I'm a coordinator in the Volunteer Department. My role is to oversee and supervise the hospital's 1,300 current volunteers. I interview and recruit new volunteers, place them in various roles throughout the institution and manage our office.

**HAVE THERE BEEN CHALLENGES ALONG YOUR CAREER PATH? HOW DID YOU OVERCOME THEM?**

There have been a few challenges along the way. One that stands out was a brief layoff a few years ago, and another was a role which wasn't exactly what I'd hoped it would be. But I don't look at these challenges as negative. I've learned a lot about myself when faced with adversity. Each role I've held has prepared me for the next one. And I'm appreciative of the knowledge I gained in these previous roles.

**HAS YOUR CAREER PATH TAKEN ANY SURPRISING TURNS?**

It sure has. I've participated in volunteer work since a very young age. I was a candy striper at 14 for my local hospital. However, I never would have imagined working within the Volunteer Department. I believe this role is really where I'm meant to be and where I'm most comfortable. I love interacting with new people and empowering them to brighten another person's day – to put a smile on another person's face.

**WHY DO YOU THINK DIVERSITY IN THE WORKPLACE IS IMPORTANT?**

My role in the Volunteer Department allows me the opportunity to work with one of the most diverse groups of individuals at the hospital. Volunteers choose to be here, which in my opinion makes them even more treasured. While working here, I've come to realize everyone has their own special story of why they want to volunteer. Hearing these stories truly puts life into perspective.

**HAVE YOU FOUND ANY SUPPORT FROM THE MGH DURING YOUR TIME HERE THAT HAS IMPACTED YOUR CAREER?**

I was very fortunate to have been chosen for the administrative chair position of the Association of Multicultural Members of Partners (AMMP). While in this role I met some of the best colleagues without whom I would not have found my current position. It was through a networking session that I was introduced to Jackie Nolan, director of the Volunteer Department. She explained about her department and happened to mention they were recruiting for a coordinator. As she continued telling us about her role, the department and the diverse group of people she meets daily, you couldn't help but be excited too. You could see the effect working in this department had on her – and I wanted to be a part of that. This role has been the most fulfilling and most rewarding of my career.

**WHAT ADVICE WOULD YOU GIVE FOR THOSE LOOKING TO CREATE A MORE EQUITABLE ENVIRONMENT HERE AT THE MGH?**

My advice would be to get involved in the many committees MGH has to offer. The connections you make now could benefit you in the future. Have patience with people – you never know what challenges someone may be going through. Lastly, the world is full of nice people, if you can't find one, be one.

*Diversity & Inclusion in Action is a feature highlighting employee stories of inspiration, perseverance and management best practices in workforce development and diversity. If you know of someone who should be considered for the series, email Emmanuela Menard or Dianne Austin, Human Resources.* ■

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**DESCRIBE THE HOSPITAL'S SUPPORT OF YOUR DUAL ROLES AS MOM AND DOCTOR.**

**Dana Schwartz, MD**
**Chief resident**

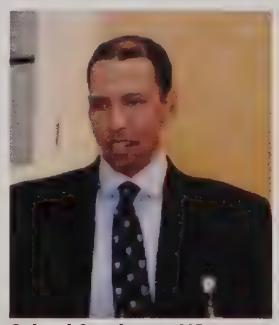
There are a number of really strong women attendings that are role models here. Their support has been great because you feel like you're not reinventing the wheel, and there are people to turn to who have done this before. My training has been the same as my male colleagues, and I'm getting the same experience from that perspective.

**WHY DO YOU FEEL YOU BELONG AT MGH?**

**Numa Perez, MD**
**Fourth year resident**

I belong because I've never felt like I don't. I've never felt out of place or treated differently. I'm given the same opportunities and support. My leadership responds to my emails as fast as anyone else's. I've never felt that I was treated differently because of how I look or because I grew up in El Salvador. I've never felt singled out. That's why I feel I belong here.

**WHAT DREW YOU TO MGH?**



**Sahael Stapleton, MD**
**Fourth year resident**

For me there were multiple draws. As far as Mass General in particular, I was a bit intimidated by the Bulfinch Building and the granite and just by the brand – centuries of excellence and progress. Looking around I asked myself, "Do they look like me? Do they think like me? Can I cut it intellectually, academically? Do I enjoy the same TV shows or restaurants?" So far, I haven't been disappointed. ■

# A mantra that matters: Ask. Listen. Do.

**WHAT MATTERS TO YOU?**

It is a question that can evoke vastly different responses from patients, colleagues, friends and family members. For one MGH patient, it's a slice of toast in the morning. For another person, trust is essential. From a freshly brewed cup of coffee to the feeling of making a difference, the answers are as personal, important and ever-changing as each person's individual health care journey.

"The question of 'what matters to you?' is crucial," says Susan Edgman-Levitan, PA, executive director of the MGH Stoeckle Center for Primary Care Innovation. "This simple inquiry can provide us with more meaningful insight into a person's life and what they value most. This awareness can help us create customized plans of care and deepen the connection between the people who provide care and patients who receive that care."

**SUPPORT ON THEIR SLEEVES:** The MGH will host "What Matters to You?" Day June 5.

Edgman-Levitan says the idea is one she and Michael Barry, MD, medical director of the Stoeckle Center, introduced in a 2012 *New England Journal of Medicine* article. The concept has been embraced by many, including the Boston-based Institute for Healthcare Improvement, which now participates in an international "What Matters to You?" Day. The MGH will join the festivities this year, hosting its inaugural event June 5 from noon to 1:30 pm under the Bulfinch Tent.

"The idea in its most basic form is to 'Ask. Listen. Do,'" says Mary Cramer, chief experience officer and executive director of Organizational Effectiveness, MGH Center for Quality and Safety. "This helps build trust, empathy and understanding. In a clinical setting, it helps to align our care plans with patient preferences. In a work setting, it promotes collegiality and a shared mission."

MGH clinicians who have started to introduce this idea into their clinical areas say they have seen a positive response from both patients and staff. Lindsay Carter, MD, inpatient director for Quality and Safety, MassGeneral Hospital for Children, says pediatric patients in all inpatient units are invited to complete a "What Matters" sign to hang above their bed with words or phrases describing their likes, dislikes and a few facts about them.

"Staff can engage in a personal conversation more quickly with patients," Carter says. "Importantly, it also signals to a child and family that we care about what matters to them, and this, in turn, empowers them to tell us."

Primary Care physician Gregg Meyer, MD, says that during the month of March he required all clinicians working on his Bigelow Service team to include their patient's responses to the question "what matters to you?" when taking the patient's history. "I can say that the answers were not surprising, as most – about 50 percent of they time – said they wanted to get better," Meyer says. "But in at least 25 percent of cases, we learned something very important about the patient that changed – directly or indirectly – our care plan and our approach to the patient."

What matters to you? Is it a day with family and friends? Is it a warm chocolate chip cookie? MGH staff are invited to share their thoughts and read what colleagues have to say by visiting the What Matters to You? site on Apollo, the MGH intranet. ■

# Healthcare Transformation Lab celebrates research fellows graduation

**THE MGH HEALTHCARE TRANSFORMATION LAB** celebrated the second class of its Healthcare Innovation Research Fellows Program May 15, honoring Numa Perez, MD, Surgery resident, and Konstantin Stojanovic, MD, Neurology resident, for their work throughout the past year.

The year-long action-learning program provides an opportunity for MGH health care providers interested in care delivery transformation projects to make an impact on the front lines. Fellows lead innovation projects with mentorship from experts in the field, while gaining hands-on experience guiding their projects from ideation, to iteration, to implementation.

"This program afforded me the opportunity to further develop my passion for digital health and allows me the time and space to focus primarily on innovative projects," says Stojanovic, who focused on areas where technology and digital health could play a role in patient care. By joining the Healthcare Transformation Lab as a research fellow, he has been pursuing a project using big data to create machine learning algorithms to diagnose sleep disorders.

After three years in the operating room, Perez saw an opportunity to improve both the experiences and outcomes of his patients. The Healthcare Innovation Research Fellows Program led him to partner with an industry vendor to deploy a novel patient engagement and data collection platform for MGH Colorectal Surgery patients. The app will serve as a digital surgical companion, providing patients with education, notifications and reminders as they traverse what can be a very daunting perioperative journey.

"In an ever-more-complicated health care environment, the most effective way to create lasting change is to work at the system level," says Perez. "We must identify sophisticated solutions to the complex situations our patients encounter." ■

PEREZ AND STOJANOVIC

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# MGH HOTLINE

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**THIS IS OUR LANE:** From left, Slavin, Bharel, Chéry, Sacks, Masiakos, Walsh, DeLeo, Healey, Sacks' cousin Mark Barden, and Rollins

# Addressing an epidemic:
## *MGH launches Center for Gun Violence Prevention*

**"WE ARE ALL HERE TODAY** because gun violence has threatened the health and well-being of our communities," said Massachusetts House Speaker Robert DeLeo. "It is a public health epidemic, and this center will surely become a leader of research and prevention nationwide."

On June 10, DeLeo joined Peter L. Slavin, MD, MGH president, and other leaders from the hospital and city of Boston to launch the MGH Center for Gun Violence Prevention, which seeks to address the public health crisis that causes nearly 40,000 firearm-related deaths each year.

Founded by pediatric surgeon Peter Masiakos, MD, director of the Pediatric Trauma Service at MassGeneral Hospital for Children, and Chana Sacks, MD, an internist and researcher in the Division of General Internal Medicine, the center is dedicated to advancing the health and safety of children and adults through injury and gun violence prevention research, clinical care, education and community engagement.

"The challenge we face in trying to solve gun violence in America is immense," said Sacks. Although mass shootings are widely covered

*(Continued on page 4)*

## A world of possibility

**APRIL 16 WAS** a life-changing day for 5-year-old Michael Kostecki. The tracheostomy tube that he had for almost his entire life was finally removed.

In 2013, Michael was born prematurely at 26 weeks old. He weighed a mere 1 pound 12 ounces and spent five months in the Neonatal Intensive Care Unit (NICU) at Brigham and Women's Hospital. When his mom, Kerri Kostecki, finally brought him home, Michael weighed 4 pounds.

"Pretty much any complication he could have in the NICU, he had," says Kerri. "Unfortunately, that continued after he went home." Because he was born prematurely, his lungs were severely underdeveloped, he struggled with pulmonary hypertension – which caused his heart to work overtime and didn't allow enough oxygen flow to his body – and because of his small chin size, he was difficult to intubate. The decision was made, at 9 months old, to insert a tracheostomy so that he could be put on a ventilator and oxygen support.

Michael spent the first few years of his life dependent on his mother's care and the help of a 24/7 in-home nursing service. "He was still in all other aspects a perfectly normal little boy," Kerri says. A little boy

*(Continued on page 3)*

MICHAEL KOSTECKI

# RESEARCH ROUNDUP

### New treatment strategy offers hope for a deadly form of pancreatic cancer

Pancreatic cancer is a deadly and difficult disease to treat due in part to its location at the center of the body, where it is surrounded by organs and blood vessels.

It often is not possible to surgically remove tumors without harming the patient, and chemotherapy drugs can have difficulty penetrating through the high-pressure microenvironment surrounding the tumor cells.

MGH researchers recently published encouraging results from a study showing that the blood pressure drug losartan, when combined with chemotherapy and radiation therapy, can shrink the tumors of patients with locally advanced pancreatic cancer – cancer that involves both the pancreas and abdominal blood vessels – to the point where they could be surgically removed.

The study was based on previous research in animal models finding that losartan allowed for more effective drug and oxygen delivery to tumor cells.

After completing the chemoradiotherapy stage, 34 of the 49 participants were able to have their tumors removed, with 30 of those procedures successfully eliminating all evidence of cancer around the tumor.

"To be able to successfully remove the primary tumor in 61 percent of patients sets a new benchmark and offers much hope," says Janet Murphy, MD, MPH, of the MGH Cancer Center and co-lead author of the study.

The team is now conducting a clinical trial to see if adding the cancer immunotherapy drug nivolumab to the treatment can improve upon these results by prompting the body's immune cells to target and destroy cancer cells.

### What your work lunch says about your overall health

A team of MGH researchers led by Anne Thorndike, MD, MPH, of the Department of Medicine, recently published a study in the *American Journal of Preventative Medicine* that evaluated the association between food purchases at work and overall health.

The study involved 602 MGH employees who used hospital cafeterias with the "Choose Well, Eat Well" labeling system. Developed by Thorndike, the system categorizes food choices by three colors. Foods with green dots are the healthiest "choose often" foods, those with yellow dots are "choose less often" foods and those with red dots are the "there's a better choice" foods.

The team measured the participants' body mass index, blood pressure and blood sugar levels at the start of the study, then recorded their workplace food purchases for three months. They also assessed the participants' overall dietary intake using two 24-hour self-reported surveys.

The team found that those who made healthier food purchases at work had a lower risk of obesity, hypertension and diabetes.

This is not to say that your lunch is the main contributor to the state of your overall health, but tracking workplace food choices did give researchers a glimpse of each person's overall eating habits. "There is definitely a relationship between what you're purchasing at work and your overall dietary intake and health risk factors," says Thorndike.

In the future, the team suggests it may be possible to encourage healthy eating at work by providing employees with nutritional feedback via text or email based on a record of their workplace food purchases.

# *MGH physicians treat patients and train doctors in Armenia*

**FOLLOWING THEIR FOURTH** humanitarian mission trip to Yerevan, Armenia last month, Lilit Garibyan, MD, PhD, of the Wellman Center for Photomedicine, and Rox Anderson, MD, director of the Wellman Center, have established two independent medical laser clinics there.

"It's been a long and arduous effort to get these clinics up and running, but what we witnessed on this trip was the fruits of many, many years of labor finally coming to full fruition," Garibyan says.

Garibyan – a native of Armenia who immigrated to the U.S. at age 12 – began this effort in 2013 with the vision of improving the standard of care for Armenian patients with vascular birthmarks and scars. With the support and guidance of Anderson, they have been helping patients by bringing the necessary laser technology to Armenia and training local doctors to use the technology to erase birthmarks and improve scars without invasive surgeries.

The team has now successfully set up clinics at both the Arabkir Children's Hospital and the Armenian American Wellness Center after donations of five lasers from the Candela Laser Corporation and from Quanta Lasers.

**PHOTO FINISH:** Members of the team from MGH and Harvard join staff in the

"This was indeed the best and the most rewarding trip to Armenia since 2013, as we finally saw results and outcomes in addition to full buy-in from the patients, doctors and administrators," says Anderson. "The true outcomes of the treatments were evident from patient testimonials."

This year the Wellman team was accompanied by colleagues Branko Bojovic, MD, chief of Plastic, Reconstructive and Laser Surgery at Shriners Hospital for Children and a Plastic Surgery attending at MGH, and Arman Serebrakian, MD, a Harvard Plastic Surgery resident from Armenia – who trained local surgeons to surgically manage scars with z-plasties, a technique used to improve the appearance of scars. Patients with contracture scars were, for the first time, able to get laser and z-plasty treatments at one time while under general anesthesia.

"To give patients confidence and a better chance in life by improving their scars and birthmark appearance is truly a rewarding and fulfilling accomplishment that I am very proud of," says Garibyan. ■

# *Honoring our history and those who preserve it*

**"THIS IS A CELEBRITY EVENT!"** said Paul S. Russell, MD, John Homans Distinguished Professor of Surgery, at the second annual presentation of the Patricia R. Austen, RN MGH History Award.

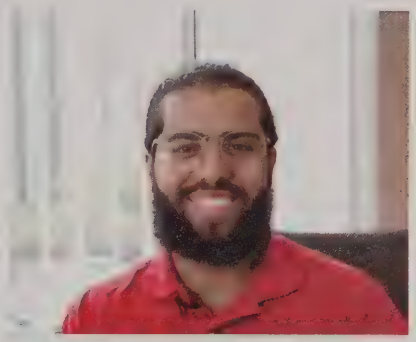
During a May 29 celebration, the Paul S. Russell, MD Museum of Medical History and Innovation was full of champions of MGH history. Twenty-three individuals and groups from a wide range of disciplines within the hospital were nominated this year. The award went to the MGH Nursing History Committee, which first assembled to create the book "Nursing at Two Hundred," and has since researched, cataloged and commemorated MGH nursing history.

"We are grateful to have been given the time, space and tools to do this work," said Susan Fisher, RN, of North Shore Medical Center, who spoke on the group's behalf. The committee received an engraved pane of glass made from a former window in the Bulfinch building. ■

**ONE FOR THE RECORD BOOKS:** MGH Nursing History Committee members and Russell Museum staff celebrate the MGH History Award.

# I am MGH: Youth Scholars

**WITH RESEARCH AND EDUCATION** at the core of the hospital's mission, students of all ages find opportunities to learn and train through programs at the MGH. The MGH Youth Scholars, a program of the Center for Community Health Improvement, has hosted hundreds of high school students from Boston, Chelsea and Revere throughout the last two decades to encourage an interest in science, technology, engineering and math and offer the opportunity to work alongside professionals in varying departments and specialties.



I am MGH | YOUTH SCHOLARS

In the latest "I am MGH" video, now available on the MGH YouTube channel, three MGH Youth Scholars graduating high school this year share how the program's internships, job training and mentorship impacted their future plans. And, three former Youth Scholars share their experiences coming home to the MGH after college and offer their congratulations and well-wishes to this year's graduating class.

The MGH Youth Scholars celebrated their graduation from the program at the hospital during a special ceremony on June 7. The MGH and Brigham and Women's Hospital also are hosting an inaugural job fair for Youth Scholar graduates and alumni on June 20 from 10:30 am to noon at Partners HealthCare at Assembly Row. ■

# – *Tracheostomy removal*

*(Continued from page 1)*

who continued to grow, to smile and to take all life threw at him in stride.

In 2017, Kerri thought Michael had developed enough to no longer need the tracheostomy, and she turned to doctors Christopher Hartnick, MD, chief of the Division of Pediatric Otolaryngology at MassGeneral Hospital for Children (MGHfC), and Zack Peacock, MD, DMD, of Pediatric Oral and Maxillofacial Surgery, who performed two surgical procedures on Michael's jaw and temporomandibular joint.

"Those surgeries opened his mouth and it was like night and day," Kerri says. "We had never seen his tongue before that."

With Michael's jaw issues resolved – which also remedied his sleep apnea – Michael was cleared in the fall of 2018 to have his tracheostomy removed after cold and flu season ended.

"What was really helpful at MGH was the constant communication between the doctors," says Kerri. "He wasn't just seen as separate problems, but as a whole patient and person. The Pediatric Coordinated Care Clinic was so great at steering us in the right direction."

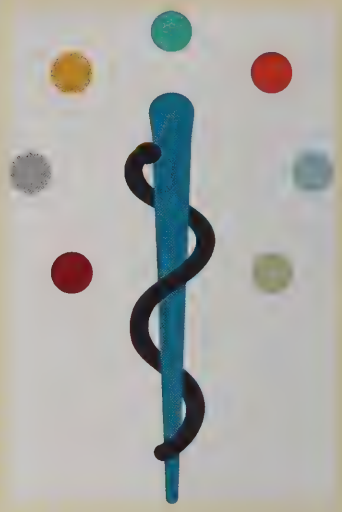
A world of possibility and independence is now open to Michael, who announces "Look no trach!" to everyone he encounters, while pointing to his tube-free throat. Before his procedures at MGHfC, Michael was dependent on a gastrostomy tube for nutrition and had very limited speech. He now is able to eat on his own and is making great strides with speech therapy thanks to improved jaw mobility and tracheostomy removal.

Michael also can sleep in his own bedroom for the very first time, which, until now, was not big enough for all his necessary medical equipment.

"The trach saved his life, there's no arguing that," Kerri says. "But this summer, for the first time in his life, he'll be able to swim underwater, and will enter kindergarten this fall – on his own. Without the trach and a nurse trailing after him. And nothing can beat that."

MICHAEL KOSTECKI

# MGH launches Center for Physician Well-being



**THE MGH WILL HOST** a celebration in recognition of its new Center for Physician Well-being June 28 from 10 am to 3 pm in the Bulfinch Tent. The center – jointly funded by the Department of Medicine and the MGPO Frigoletto Committee Grant – promotes well-being and professional fulfillment for physicians across the department.

"We are very excited to introduce the center's efforts to the entire MGH community," said Kerri Palamara-McGrath, MD, director of the Center for Physician Well-being. "Supporting the well-being of our physicians also supports high-functioning teams, outstanding patient care and a positive workplace culture. We believe the center will be a leader in this work locally and nationally."

The event is open to all and will highlight the programs and initiatives the center will offer, as well as provide opportunities to connect with colleagues, enjoy food and win prizes.

The theme of "gratitude" will be front and center at the launch. Attendees are invited to share what they are grateful for on a Gratitude Wall and try their hand at creating a beautiful plant arrangement to give to someone as a token of appreciation. Through a team-building activity, small groups will work together to build bicycles that will be donated to the Big Brothers Big Sisters organization. Teams can sign up in advance or on launch day.

For more information about the event or how to participate, visit the center's page on Apollo, the MGH intranet.

# – *Gun violence prevention*

*(Continued from page 1)*

in the media, they account for only 1 percent of firearm deaths each year, she said. Unintentional injuries account for 2 percent of annual firearm deaths, homicides make up one-third of these deaths, and the majority of firearm deaths are the result of suicide. "Each type of violence has different root causes, and each requires a different approach. We need to have culturally competent conversations and use these resources to really make a difference."

The center is supported by $1.2 million of seed funding from the hospital and an additional $200,000 from Harvard Medical School. Its first initiative – introduced this month – involves creating and conducting simulation trainings for clinicians.

"As health care providers, we are charged with more than caring for the sick and injured," said Masiakos. "Over the years I have cared for many victims of gun violence and have had to tell mothers about the death of their child – the worst part of my job. Doctors, among others, can no longer stand on the sidelines as so many Americans are killed each year. We need to do more."

The center will continue the efforts of a coalition formed by MGH clinicians in 2015 to address firearm-related violence through a public health approach, featuring the development of clinical guidance and resources to inform conversations with patients and the public. The group has collaborated with several organizations and policymakers, many of whom also spoke at the launch: Clementina Chéry, president & CEO of the Louis D. Brown Peace Institute; Maura Healey, Massachusetts attorney general; Monica Bharel, MD, commissioner of the Massachusetts Department of Public Health; and Rachael Rollins, Suffolk County district attorney.

"This new center builds on Mass General's focus on prevention – as we must be proactive and not reactive to stop the cycles of violence," said Boston Mayor Martin J. Walsh. "One gun death is too many. We won't stop working until we get to zero, and this center will provide a big step in getting there." ■

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# Partners HealthCare names new president and CEO

KLIBANSKI

**THE PARTNERS HEALTHCARE BOARD** of directors has named Anne Klibanski, MD, the next president and chief executive officer of Partners HealthCare, and the first female chief executive of the organization. Klibanski was named interim president and CEO in February.

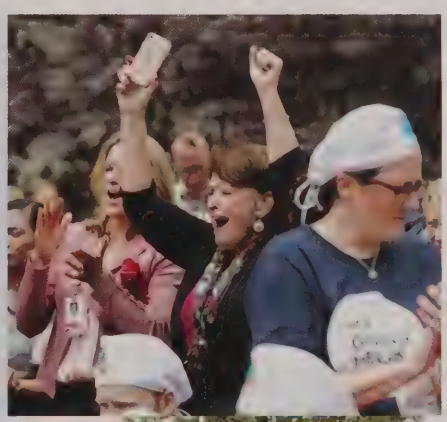
"Over the past several months, it has become increasingly clear to each member of the board that Anne is the ideal leader for Partners as we move forward together as a truly integrated system," said Scott Sperling, chair of the Partners Board of Directors. "Anne has done an outstanding job of managing this large and complex system as we continuously work to provide care of exceptional quality at the lowest possible cost. It became obvious to us that any search was going to lead us right back to Anne."

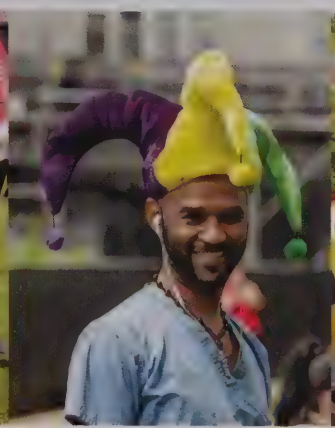
As interim president and CEO, Klibanski oversaw several major initiatives, including Partners 2.0 and a number of high-level board task forces aimed at examining a range of crucial strategic and operational issues at Partners. The goal of this work is to ensure that

*(Continued on page 4)*

## Charlie-horsing around

**ON JUNE 19,** MGH staff celebrated the sunny season with ice cream and carnival games during the annual Employee Summer Picnic. Employees danced to a DJ and watched nine teams play a life-size Operation game benefiting the My Giving Helps campaign. This year's winners, Team Surgery, successfully removed Cavity Sam's Charlie Horse and Adam's Apple to take home the Operation Championship Cup and bragging rights for the year. ■





# *Keeping the small city running smoothly*

**"PEOPLE MAY NOT REALIZE,** but the MGH is a small city, and our operations support staff keep this city running smoothly for our patients and their loved ones," said Sally Mason Boemer, senior vice president of Administration and Finance, during the June 10 Operations Support Staff Day celebration.

Peter L. Slavin, MD, MGH president, shared statistics representing the accomplishments and responsibilities of support staff departments for the past year (see infographic below).

The event also included the presentation of the annual Ricardo Diaz Award, named in honor of the beloved member of MGH Buildings and Grounds who died in 2003 while plowing snow on the MGH campus. This year's award was presented to two individuals – Anais Morales Ortiz, technical assistant in Nuclear Medicine, and Xiu Ying Luo, Environmental Services aide for the Social Service Department.

"When I read the description of Mr. Diaz, I immediately was reminded of Ying," said Sharon Scott, Lodging Program manager of MGH Social Service and Luo's nominator. "Like Mr. Diaz, Ying is dedicated, kind, hardworking and committed to the MGH."

Giuliana Arcovio, operations manager of Nuclear Medicine, lauded Morales Ortiz's commitment to further her education by taking classes to become a registered nurse. "Anias always goes out of her way to help others with a smile. Her empathy and positivity make everyone's days better. Her main goal is always to provide compassionate, quality care and encourage her coworkers to thrive." ■

**ON JUNE 8,** MGH staff joined other Partners HealthCare institutions to march in unison during the annual Boston Pride Parade. The MGH LGBTQ Employee Resource Group, the MGH Sexual Health Clinic and the MGH Transgender Health Program were joined by colleagues from Partners, Brigham and Women's Hospital, and McLean Hospital to celebrate Pride Month. "The common theme in these celebrations was the idea of unity – unity across MGH, unity across Partners, unity across our community," says Josue Espinoza, manager in the MGH Transgender Health Program. "These different programs work to make sure every patient who walks through our door knows they will be treated with respect and receive the care they need."

## Educating a diverse workforce

**CELEBRATING EDUCATION** and diversity were the highlights of the 24th annual Workplace Education Program Celebration of Achievement. On June 6, 150 MGH employees – representing 30 countries, 15 languages and 30 departments – graduated from English and computer classes. Nine honorees also received their U.S. citizenship.

"MGH celebrates diversity and strives to reflect and support the variety of communities we serve," said Jovita Thomas-Williams, senior vice president of Human Resources. "This program embodies MGH's commitment to helping employees pursue dreams and achieve personal goals that further their careers and enhance the lives of their families. It was an honor to join in this celebration and I look forward to joining the festivities for years to come."

MGH Training and Workforce Development partners with JVS, an organization that provides workforce education services, to create these classes that allow employees to further their education and learn new skills. The program offers five levels of English for speakers of other languages and three levels of computer classes.

"It's not always common to be at a workplace that values your learning as much as MGH does," said Danielle Le Hals, executive director of Radiation Oncology, whose mother emigrated from Vietnam, works at the MGH and is an alumna of the English for Speakers of Other Languages (ESOL) program. "I was lucky to learn English at an early age, but what came easily to me, may not come as easily to you. Just like any other skill, it only gets better with practice." ■

# *Vision for the future: Q&A with Joseph Betancourt, MD*

**JOSEPH BETANCOURT, MD, MPH,** was recently named the MGH's inaugural vice president and chief health equity officer. Here, Betancourt talks with *MGH Hotline* about his role, his journey and his vision.

**What are your responsibilities in this new position?**
Let me begin by saying I am honored and humbled to be chosen to lead this important work. I believe all of us at MGH bring a unique set of experiences that make us better and will help us achieve our mission of excellence in clinical care, research, training and community health. In my new position, I will aim to make sure that everyone, no matter who they are or where they are from, gets the best and most high-quality care we can offer and that we are trained to deliver on that promise. I will aim to make sure that we contribute to the best science in the world by having diverse researchers and research participants. I will aim to assure that we have a diverse patient population and are engaged partners to communities throughout the city and our region. Finally, I will aim to strengthen our culture to assure that everyone who works at MGH, and gets care at MGH, feels respected and valued.

**Tell us about your journey?**
I am originally from Puerto Rico and grew up in a bilingual, bicultural home both in New York City and in Puerto Rico. My grandparents came to New York in the late 1950's, one grandmother working as a dressmaker in the sweatshops, the other as a housekeeper at the YMCA, and a grandfather who opened up a small convenience store in Spanish Harlem. I do not come from a family of doctors, and it was only through the hard work of my parents – who faced many challenges but made many sacrifices – that I was able to dream about, and become, a doctor and be where I am today. My biggest responsibility now is to honor their sacrifices by giving our diverse communities a strong voice at MGH. I take this responsibility seriously, I care deeply, and I am passionate about this work. I have been at MGH for 18 years, and I'm hoping my patients—many who are employees here—can attest to this. I also believe we have been able to do a lot here at MGH to improve care for diverse populations and increase diversity, including our receiving the nation's first Equity of Care Award in 2014. We have done a lot, and there is more to do.

**What is your vision?**
I believe we have the will, the talent and the desire to achieve everything I mentioned above. I also know I can't do this alone. My goal is to move this work forward and make MGH a destination of choice for caregivers, employees, researchers and patients, and foster an environment of inclusiveness and respect. My message to the MGH community – who will see me a lot as I seek their input in town halls, in our corridors and during dedicated time in places like our cafeteria – is to reach out to me with ideas and challenges, and also join me as partners in this important work. I aim to represent employees all across MGH and I'm confident that we can make a difference together. I am MGH. We are MGH. ■

**JOSEPH BETANCOURT, MD, MPH,** fue nombrado nuevo vicepresidente y jefe de equidad e inclusión de el MGH. *MGH Hotline* entrevistó Betancourt sobre su nueva posición, su camino, y su visión.

**¿Cuáles son sus responsabilidades en esta nueva posición?**
Déjeme humildemente empezar por decir que es un honor haber sido escojido para dirigir este trabajo tan importante. Yo creo que todos nosotros en MGH traemos un conjunto único de habilidades que juntos nos hace mejor y que nos ayudará lograr nuestra misión de excelencia en cuidado clínico, investigación, entrenamiento y salud comunitaria. En mi nueva posición mi objetivo es asegurar que todos, sin importar quien son o de donde vienen, obtengan el más alto y mejor cuidado clínico que le podemos ofrecer y que nuestro entrenamiento siempre cumpla con esa promesa. Mi objetivo es que contribúyemos la mejor ciencia del mundo através de investigadores y partcipantes diversos. Mi segundo objetivo es asegurarme de que téngamos una población diversa de pacientes y que haya compromiso através de la ciudad y región. Finalmente, mi último objetivo es fortalecer nuestra cultura para asegurar que todos que trabajen y reciban cuidado médico en MGH se sientan valorados y respetados.

**¿Dinos sobre tu camino?**
Originalmente soy de Puerto Rico. Me crié en un hogar bilingüe y bicultural en ambos la ciudad de Nueva York y Puerto Rico. Mis abuelos vinieron a Nueva York en los 1950's. Una abuela trabajó como costurera en las fábricas, la otra era ama de casa en el YMCA, y mi abuelo era dueño de una bodega en Spanish Harlem. No vengo de una familia de doctores, fue solo el resultado del esfuerzo de mis padres que enfrentaron una multitud de desafíos e hicieron muchos sacrificios para que yo pudiera soñar en ser médico, y la persona que soy hoy en día. Mi responsabilidad más grande en este momento es honrar sus sacrificios para que nuestras comunidades diversas de MGH tengan voz. Yo tomo esta responsabilidad profundamente seria y estoy muy apasionado por este trabajo. Llevo 18 años en MGH y espero que mis pacientes, muchos quien son empleados aquí, lo puedan atestiguar. También creo que hemos hecho mucho aquí en MGH para aumentar la diversidad y mejorar el cuidado de poblaciones diversas. Justo, en 2014 fuimos los primeros en el país en recibir el premio de Cuidado en Equidad. Hemos hecho mucho y hay mucho más que hacer.

**¿Cuál es tu visión?**
Yo creo que tenemos la voluntad, el talento y el deseo de lograr todo lo que he mencionado. También sé que no lo puedo hacer solo. Mi meta es mover este trabajo adelante para que MGH se convierta en una destinación para proveedores de cuidado médico, empleados, investigadores, pacientes y también poder fomentar un ambiente de inclusividad y respeto. Mi mensaje para la comunidad de MGH, quien me verán muchísimo por los pasillos, ayuntamientos y en la cafetería, es que me busquen con ideas, desafíos, y que sean compañeros y compartan en este trabajo tan importante. Mi objetivo es representar a todo MGH y estoy seguro de que juntos haremos una gran diferencia. Yo soy MGH. Nostros somos MGH. ■

# Care team permanently inked in heart of patient

**ON DEC. 20, 2018,** Greenfield, Massachusetts resident and tattoo artist Ben Reigle woke up at 3:50 am and was unable to move the right side of his body. He was rushed to Baystate Medical Center where specialists diagnosed him with a basilar stroke – a stroke that occurs in the brainstem. A thrombectomy, a procedure to remove a blood clot, was successfully performed and Reigle was discharged Dec. 29.

At 5 pm the same day, Reigle again could not move his right side, so he was flown to the MGH.

A team of specialists determined that Reigle, 42, had experienced a second basilar stroke. He was not eligible to receive tissue plasminogen activator (tPA), the clot-busting drug used to treat some strokes, because the two events occurred in such a close time frame.

"To make it through a basilar stroke and then have another basilar stroke with the MRI that we saw, it was a difficult conversation we had the first night in the Neuro ICU," said Chris Anderson, MD, director of Acute Stroke Services.

REIGLE

Several specialists from Reigle's nearly 60-member care team presented his case at the 7th annual Stroke Breakfast Gala, May 31 at the MGH. The event recognizes and honors the hospital's Comprehensive Stroke Center and features a unique patient case. The gathering also includes the Door-to-Needle Award. The 2018 award went to two teams who treated two tPA-eligible patients 22 minutes after hospital arrival.

To treat Reigle's second basilar stroke, surgeons used a suction device and a stent to retrieve the clot in his basilar artery. Because of the severity of the clot, Reigle's surgical team conducted this procedure twice to restore blood flow to his brain.

"You are all a truly amazing team, and this is an amazing hospital," said Reigle. "You saved my life and I am eternally grateful. I hope to make you all proud. It's a miracle that the doctors here gave me the gift of life. I'm going to pay that gift back by living a gracious life filled with joy."

An artist at heart, Reigle owns a tattoo parlor in Greenfield and plays several instruments. From a pulmonary embolism 10 years ago, to combating an opioid addiction, to opening a business that caught fire two weeks after opening, Reigle has had no shortage of challenges in his life.

"I have handled many, many stresses in my short time here," said Reigle. "But nothing compares to this series of events."

The second day after his procedure at the MGH, Reigle was walking, although he experienced weak muscles, slurred speech, exhaustion and impaired motor functions, among other symptoms.

"We always prepare for the worst and hope for the best," said Anderson. "I have to say that Reigle's case gives me goosebumps because he is that one person out of 100 that did better than anybody else would have expected."

With intense physical and occupational therapy, Reigle has fully regained strength and mobility in his hands just five months after his two strokes.

"When you make a living creating art, finding yourself unable to draw a straight line is terrifying," Reigle said. "I've made a complete return to tattooing and can steadily provide for my family. The strokes I had will not define me. They will be a reminder of my strength when I look back." ■

# – Klibanski

*(Continued from page 1)*

Partners is optimally organized to deliver its mission in an efficient and integrated manner. In recent months under Klibanski's leadership, those task forces have completed their work, and implementation of their recommendations will begin in the coming weeks and months.

Klibanski previously served as chief academic officer for Partners, a position she began in 2012. In that role, she maintained leadership responsibilities spanning research, teaching and other activities. She led multiple systemwide efforts aimed at clinical and educational collaboration and oversaw the Partners research enterprise. Klibanski also has served as the chief of the MGH Neuroendocrine Unit and is recognized internationally for her high-impact research in neuroendocrine disorders and pituitary tumors.

"Partners HealthCare is a great organization, but I believe we can be even better," said Klibanski. "In recent months members from hospital boards across the system have started to work together in a way we have not seen before at Partners. I am honored to have the opportunity to realize the full potential we have to transform health care and make it better for patients and families everywhere."

Klibanski succeeds David Torchiana, MD, who had served in the role since March 2015 and announced his plans to retire earlier this year. A new chief academic officer will be appointed by Klibanski. ■

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7.12.19

# MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

**IVIG Update**

MASSACHUSETTS GENERAL HOSPITAL

Learn the latest about the nationwide **IVIG shortage**

## Nationwide IVIG shortage impacts the MGH

**THE MGH HAS LAUNCHED** its emergency Hospital Incident Command System to respond to a nationwide shortage of intravenous immunoglobulin (IVIG), a blood product made up of antibodies used to treat numerous medical conditions hospitalwide.

The MGH is actively working to address the situation and is implementing adaptive strategies during the shortage, which has included the cancellation or rescheduling of some patient appointments.

Frequently asked questions about the IVIG shortage:

**WHO RECEIVES IVIG TREATMENTS?**

If you are an MGH patient who receives care in the following departments, this shortage may affect your care.

- Oncology
- Hematology
- Neurology
- Infectious Disease
- Transplant
- Bone Marrow Transplant
- Obstetrics
- Rheumatology
- Allergy
- Immunology

**WHY IS THERE AN IVIG SHORTAGE AND HOW LONG IS IT EXPECTED TO LAST?**

We do not know the cause of the shortage. Companies are working hard to make more IVIG, but the shortage may last until 2020.

**IS THE IVIG SHORTAGE AFFECTING MGH PATIENTS?**

Yes. The MGH has had to cancel some patient appointments because there is not enough IVIG available. Some of these cancellations will likely need to continue until the shortage is over. We are looking into all possible treatment options.

**WILL THIS SHORTAGE AFFECT MY TREATMENT PLAN?**

The shortage will affect many patients. Care teams throughout the MGH are working to make sure you will continue to get the best possible care. We will always talk to you before we make any changes to your treatment plan.

**ARE THERE ANY ALTERNATIVES I SHOULD CONSIDER?**

Please talk with a member of your care team to determine if there are other options for your care.

**IS THE IVIG SHORTAGE HAPPENING AT OTHER HOSPITALS?**

Since the IVIG shortage is affecting the whole country, many hospitals are experiencing the same problem.

**COMPASSIONATE CARE:** Molly Lyttle, RN, talks with a patient.

# Addressing capacity: A day in the life

**ON APRIL 23,** the second phase of the MGH's bed reallocation project took place as part of the hospital's multipronged approach to addressing capacity constraints at the MGH. Dedicated staff across a number of disciplines worked together to ensure a smooth transition for patients, and the move was captured in a special "Day in the Life" photo slideshow, available for viewing on Apollo, the MGH intranet.

**6:30 am:** MGH staff gather in the Phillips House 22 lounge. Its floor-to-ceiling windows overlook the city, fog draping a wet cover over the tops of the skyscrapers, red and white lights highlighting the near standstill traffic snaking in from all directions, the famed Citgo sign dark at this early hour.

The solarium lounge-turned-command center is in stark contrast to the damp spring weather. Here, neon lights are ablaze, energy is rampant, coffee flows freely. In less than three hours, the second phase of the MGH's bed reallocation project will officially begin. Phillips 21 – a Gynecology Unit – will become a General Medicine Unit with Hospital Medicine. Phillips 22 – General Surgery, General Medicine and Orthopaedics – will become the Vincent Gynecological Service and General Surgery Unit.

The move has been carefully planned. Dozens of staff members across multiple disciplines have spent months discussing, coordinating and scheduling the relocation of patients and services. From 6 am to 3 pm, each minute has been carefully detailed. The goal is to adhere to the schedule as closely as possible to ensure there is no disruption to patient care.

JOSUE VALLESCOT AND DEDIEU AUGUSTIN

But this dedicated team of

*(Continued on page 4)*

# RESEARCH ROUNDUP

### Study identifies how mothers transfer immunity from infectious disease to their children

While vaccines have been successful in reducing the spread of infectious diseases across the globe, they have limited effectiveness in protecting newborn infants, whose immune systems are not developed enough to vaccinate safely.

Some protection from infectious disease is transferred between mother to child in utero, though it has not been clear how this process works. A study based at the Ragon Institute of MGH, MIT and Harvard has identified how a pregnant woman's vaccine-induced immunity is transferred to her child, which could help in developing more effective maternal vaccines.

"Newborns arrive into the world on the first day of life with brand-new immune systems that need to learn to cope with both helpful and harmful microbes in their environment," says Galit Alter, PhD, of the Ragon Institute and co-senior author of the study. "To help the newborn immune system learn to discriminate between friend and foe, mothers transfer antibodies to their infants via the placenta. The rules by which the placenta performs this essential function have been unknown, but, if decoded, could hold the key to generating more powerful vaccines to protect these most precious patients."

While maternal antibodies against some diseases – such as measles – can be transferred from mother to infant, providing some protection until the child is old enough for individual vaccination, antibodies to other serious diseases such as polio are less efficiently transferred.

Researchers found that the placenta sifts out and delivers antibodies that activate natural killer (NK) cells. While several important immune cells are too immature in newborns to provide effective protection, NK cells are among the most abundant and functional immune cells during the first days of life.

It may be possible to improve immune protection for infants by developing new vaccines for mothers that promote the development of antibodies that activate these NK cells.

### Where you live affects your heart health

An MGH research team has identified the biological process through which individuals of lower socioeconomic status have a greater risk of cardiovascular disease.

A team led by Ahmed Tawakol, MD, director of Nuclear Cardiology in the MGH Division of Cardiology, and Katrina Armstrong, MD, chief of the MGH Department of Medicine, found that individuals from neighborhoods with lower household incomes or higher crime rates had higher rates of activity in the amygdala (the part of the brain activated in response to stress), increased immune cell production and more arterial inflammation. These factors significantly increased their risk of a heart attack, unstable angina, cardiac failure or death in the four years after the study.

It may be possible to reduce these risks through lifestyle-based interventions such as sufficient sleep, exercise and meditation, using statins to reduce inflammation in the arteries and developing new drugs that target the pathway between the amygdala and the arteries, the researchers said.

"These results provide further support for considering socioeconomic status when assessing an individual's risk for cardiovascular disease and suggest new approaches to helping reduce cardiovascular risk among those patients," says Tawakol.

## *Partners HealthCare Biobank hits major milestone*

**PARTNERS HEALTHCARE BIOBANK** has surpassed 100,000 participants, making it one of the largest biobanks in the country helping to accelerate clinical research that will allow physicians to better understand, treat and prevent diseases in patients now and in the future.

"This is a significant milestone for Partners and the research community," said Scott Weiss, MD, principal investigator at Partners Biobank. "Greater participation in the Biobank enables us to increase the scale and scope of our research and provides our researchers with access to data and information that would otherwise take them years to source. We are already seeing tremendous results from the Biobank, for individual patients where a health concern was identified and in large studies that are helping us to identify diseases like Alzheimer's and cancer in patients who have yet to develop any symptoms."

Researchers and clinicians at the MGH, Brigham and Women's Hospital, and other Partners institutions use the Biobank to study how genes, lifestyle and other factors affect people's health and contribute to disease. Participants in the Biobank provide a small blood sample which is linked to their electronic health record data as well as a self-reported health survey and their family history information. The blood specimens are then genotyped and stored in a research sample and data repository, which is available to Partners researchers.

To date, the Biobank has provided samples or data to more than 200 research studies, including current studies focused on:
The genetic causes of cardiomyopathy
The role of genes in rheumatoid arthritis
Evidence of circulating tissue DNA in blood as a predictor of cancer
The development of a clinical algorithm to identify risk for Alzheimer's disease in early midlife
Polygenic risk score associations between sleep duration and diseases
The role of genetics and epigenetic changes to DNA in cerebral aneurysms
antidepressants

Raul Mostoslavsky, MD, PhD, researcher in the MGH Cancer Center, and his lab are investigating the connection between cell death and disease progression through the study of DNA. His study has benefited from the sample size available to him through the Biobank and participants' follow-up.

"The Partners Biobank is integral to our research because it provides the possibility for both retrospective and prospective research," said Mostoslavsky. "We are able to utilize the uniqueness of the Biobank to track patients who develop cancer after they provided their Biobank sample, to determine whether tissue-specific DNA predictors were present before disease presented. In my opinion, there is no other system like it in the world, and it would be incredibly difficult for us to do this research without it."

To learn more about the Biobank visit *https://biobank.partners.org.*

# *Summer sun care*

**"EVEN ON A CLOUDY SUMMER DAY,** up to 80 percent of the sun's UV rays can pass through the clouds," says Shinjita Das, MD, MGH dermatologist and technology director in the Department of Dermatology. "We expect people to enjoy the outdoors, so here are some simple tips to help you protect your skin."

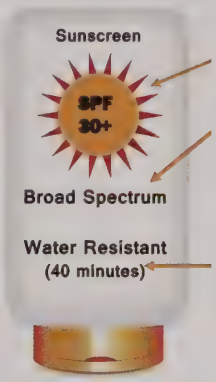
Das encourages good sun safety, which means not only using sunscreen, but knowing how to read sunscreen labels and how often to apply. Choosing the right sunscreen can help reduce the risk of skin cancer and early skin aging caused by the sun.

**READING LABELS:**

The American Academy of Dermatology recommends that consumers choose sunscreens that state three things on the label:

- SPF 30 or higher
- Broad Spectrum: This means the sunscreen protects the skin from UVA and UVB rays.
- Water Resistant up to 40 or 80 minutes: After that amount of time, sunscreen can no longer claim waterproof or sweatproof.

Use caution near water or sand, says Das, as they reflect the damaging rays of the sun, which increases chances of getting a sunburn. Also know that UVA rays – which cause premature aging, wrinkles and age spots – can pass through window glass.




**WHEN TO APPLY:**

Sunscreen should be applied early, often and enough.

- Early refers to about 20-30 minutes before going outdoors.
- Enough means making sure you are using enough sunscreen – usually about two tablespoons for adults for the entire body. Remember to rub in well.
- Often means every two to three hours while outdoors. Apply sunscreen every hour if you are going swimming. Reapply sunscreen immediately after toweling off, sweating or potentially rubbing off sunscreen.

DAS

"One in five Americans will develop some form of skin cancer in their lifetime, so limiting sun exposure is the most reliable way to reduce the risk of skin cancer," says Das. "So while you enjoy the outdoors, remember to protect your skin – seek shade, wear sun protective clothing and apply sunscreen."

The Blum Center will host a sun safety table Monday through Friday, from 9 am to 4:30 pm through the end of July. Stop by to learn more about safe sun habits. ■

# Jesse's story: Seeing beyond disability helps teen thrive

**FOR THE FIRST 12 YEARS** of his life, Jesse Simon lived with an undiagnosed genetic disorder that puzzled many doctors. After several tests, his parents – Monica and Phil, of Abington, Pennsylvania – were at a loss for an explanation for their son's nonverbal behaviors, developmental delays and occasional outbursts. After some time, Jesse tested positive for Pitt Hopkins syndrome.

Jesse, now 15, is one of about 500 individuals in the world diagnosed with Pitt Hopkins syndrome, a rare genetic disorder that affects development, intellect and speech. Children and adults with Pitt Hopkins syndrome are often nonverbal and meet developmental milestones, such as walking or sitting up, much later than others. They also commonly have breathing issues, such as hyperventilation or breath-holding spells, chronic constipation and seizures.

Monica first heard of the MassGeneral Hospital for Children (MGHfC) Pitt Hopkins Clinic at a genetics conference in Texas. To better facilitate his care, they made the seven-hour drive from Pennsylvania. The difference at MGHfC was immediate, she says.

"When we arrived at the Pitt Hopkins Clinic, they knew my son," says Monica. "I wasn't the one educating the doctors on what he had. They knew his condition and his behaviors, and they understood him."

Their initial appointment addressed Jesse's breathing and sleeping issues, but discussions of Jesse's struggles in his public high school led to what Monica says was a lifechanging consult with Amy Morgan, PhD, neuropsychologist in the MGHfC Psychology Assessment Center. Jesse found his school environment overwhelming and stressful, prompting him to become frustrated and disengaged. Morgan made suggestions to better unlock Jesse's potential.

"Jesse is very sweet and social, even though he is nonverbal. People do not always look beyond the disabilities to see the child who is really there," says Morgan. "He is high-functioning for someone with Pitt Hopkins syndrome. I could see he was capable of so much more than people give him credit for."

Since meeting with Morgan, Jesse has transferred to a private school for children and teens with developmental disabilities. He excels in reading and spelling and is deeply engaged in school activities, from classroom work to feeding the horses in the barn or picking apples in the school's orchard. With support from Morgan, he also has gained better control over his anxiety and stress levels. He works on his communication skills daily with a communication assistive device.

"Since coming to MGHfC and enrolling in his new school, Jesse is in a much more even space and we are thinking about next steps for him, like where he goes from here as different life stages and events come up," says Monica. "Jesse is a productive member of a loving community and he is thriving because of it."

JESSE SIMON

# Diversity & Inclusion in Action: *James Quinlivan, patient access coordinator*

*James Quinlivan, a Physical Therapy patient access coordinator, is a member of the newly-formed Human Resources Diversity & Inclusion Advisory Committee – a working group that will lead the development and implementation of targeted career and professional development programs for employees. The committee also will develop programs to increase the hospital's engagement within Boston area communities.*

**HOW DID YOU COME TO WORK HERE?**

After completing 20 years of active duty service and retiring from the U.S. Navy in 2003, I was hired as an administrative assistant to the director of the Berman-Gund Laboratory at Mass Eye and Ear. I worked there for 14 years, but with the closing of the lab, I found myself unemployed. Following a year-long job search, I was contacted by Bulfinch Temporary Service and began working as an administrator in the Physical Therapy Office in August 2018. After a few weeks of working as a temp, I was asked if I would join the team full time, which I gladly accepted.

**HAS YOUR CAREER PATH TAKEN ANY SURPRISING TURNS?**

I cannot say I have had many surprising turns in regard to my career. Coming from a working middle-class family and seeing my mom retire from nursing after more than 40 years, hospitals were a part of everyday family life. My sister, Julie, also volunteers here at the MGH on Mondays and at Salem Hospital the rest of the week. It was probably inevitable that after my military service, I would find employment in the hospital environment.

**WHY DO YOU THINK DIVERSITY IN THE WORKPLACE IS IMPORTANT?**

Society is made up of complex microcosms of people from all walks of life, all nationalities and all faiths. The Navy, or the military in general, is one such microcosms and so is the MGH. In order to be successful and to fully meet the needs of our patients, we need to have representation at the hospital on all job fronts from as many cultures and backgrounds as possible. This provides not only a sense of community for our patients and fellow employees and staff, but also allows for ease of services to those from a diverse cultural landscape such as the one the city of Boston offers.

**WHAT DO YOU SEE AS YOUR ROLE IN DIVERSITY AND INCLUSION EFFORTS AT THE MGH?**

I believe that with my background in personnel classification, I can bring the skills I have honed over the years in being able to fit the right person to the right job. In this case, we must avoid overlooking those personnel who may be a great fit for the job due to possible cultural differences, language barriers, etc. There is the right person for every job and the right job for every person.

**WHAT ADVICE WOULD YOU GIVE TO THOSE LOOKING TO CREATE A MORE EQUITABLE ENVIRONMENT AT THE MGH?**

Be open minded. Put others before yourself. Treat others as you wish to be treated. Accept all cultures no matter how diverse from your own and embrace not only the similarities, but also the diversities in order to learn from each other. We are all God's people and all deserve to be treated fairly and equally in the workplace and outside of the workplace.

*Diversity & Inclusion in Action is a feature highlighting employee stories of inspiration, perseverance and management best practices in workforce development and diversity. If you know of someone who should be considered for the series, email Emmanuela Menard or Dianne Austin, Human Resources.* ■

# – *Capacity*

*(Continued from page 1)*

nursing professionals knows first-hand the variables that come with patient care. Change is constant. Plans always tentative.

"This is no easy task, but ultimately we believe this will positively impact our hospital capacity challenges," said Suzanne Algeri, RN, associate chief nurse and bed reallocation implementation co-lead .

The team reviews multiple spreadsheets, reading aloud directives and discussing and prioritizing each patient, each room, each and every concern.

"I have a question about my patient. He's been ambulatory for four days and we're watching his pain."

"When my patient is moved, do I ride in the elevator with him? I'd like to make sure he's settled and introduced to his new care team."

The questions are varied, but the overarching response remains the same: "Whatever works, we can do."

**7:15 am:** Roles are assigned. Red and blue vests are handed out. Nurses have offered their expertise in different leadership roles: Jessica Flynn, RN, and Heather Szymczak, RN, are unit leaders. Molly Lyttle, RN, and Maryalyce Romano, RN, serve as greeters to stay with patients during the relocation to help answer their questions and make sure they are settled. Dianne Heislein, RN, is the team's resource nurse.

The clock ticks closer to 7:30 am. There is a collective pause and silence as they come to the last page in the packet of paperwork.

For the next hour, staff will ready their patients for the move. Breakfast is served. Medication is reviewed and dispensed. Each patient received a letter about the relocation and their family members were briefed, but the nursing staff want to be at the bedside to make sure they have answered any lingering questions.

And the Phillips 21 and Phillips 22 staff begin to complete their last tasks as staff members on the floor.

To read the full story and see more images, visit Apollo at *apollo.massgeneral.org.* ■

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# Preparing for the future:

## *LVC grant supports Geriatric Emergency Medicine*

**THE GIFT OF GIVING:** From left, Pamela Oswold Louis, LVC vice chair; Brown; and Janet Shipman, LVC chair

**AS BABY BOOMERS REACH** their senior years and life expectancy increases, so does the number of older adults who live with both complex chronic diseases, such as heart failure and lung disease, as well as common aging-related conditions and illnesses like dementia, falls and frailty. Nearly 3 million of these baby boomers will reach retirement age every year for the next decade. The phenomenon has put the MGH at the forefront of a transformation in the care of geriatric patients.

"The geriatric population uses the emergency department (ED) exponentially more than patients in any other age group. Navigating the often loud, brightly lit and crowded EDs is already hard enough for those whose brains are healthy and young," says David Brown, MD, chief of the Department of Emergency Medicine, who recognized a need years ago for specialized geriatric care in the ED. "Older patients must be evaluated and treated differently, as they will react differently to medications, face varying challenges with complex chronic illnesses, and have heightened risks associated with routine tests and treatments."

*(Continued on page 3)*

## Play ball!

### *MassGeneral Hospital for Children specialist throws out first pitch at Fenway Park*

**ON JULY 14,** David Sweetser, MD, chief of Medical Genetics and Metabolism at MassGeneral Hospital for Children, threw the first pitch at the Boston Red Sox versus Los Angeles Dodgers game at Fenway Park to raise awareness of the Field of Genes campaign, a fundraising initiative launched by Dodgers pitcher – and former Red Sox player – Rich Hill, and his wife Caitlin.

Sweetser cared for Rich and Caitlin's son Brooks before he died at two months old. He later diagnosed the infant with Galloway Mowat Syndrome, a rare genetic disorder that affects only 70 people worldwide.

With the creation of Field of Genes, the Hills hope to help support other families facing similar medical complexities and enable Sweetser's lab to continue its groundbreaking research into rare diseases.

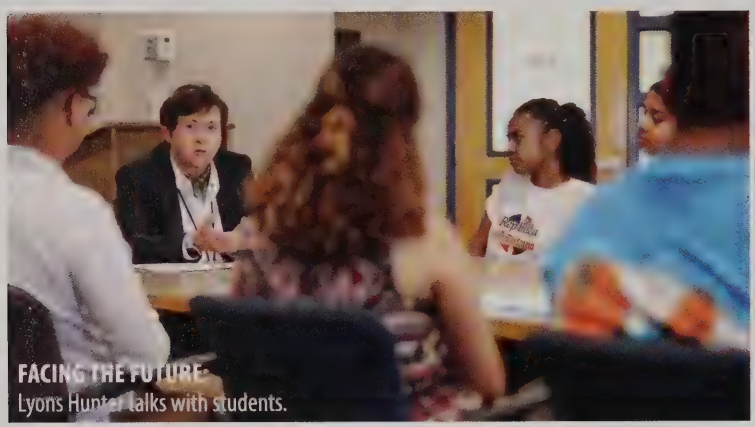
# *Youth Jobs Program helps students find their place*

**"I LOOK AROUND** this place and I know these are my people. These are the people I admire. These are the people I want to be like."

That may be the case now for Mary Lyons Hunter, PsyD, director of Behavioral Health at MGH Chelsea HealthCare Center, but there was a time when she did not feel that way. During a meeting in her previous career in medical sales, Lyons Hunter looked around the table and thought "these are not my people." Now, after 21 years, she has found her place treating patients at MGH Chelsea.

Lyons Hunter shared her story with a group of teenagers at the beginning of their own career-finding journeys at the July 12 Helping Each Other event, hosted by the MGH Youth Jobs Program in the MGH Center for Community Health Improvement. "My wish for all of you is that you follow where your curiosity takes you and you find your place," said Lyons Hunter.

During the event, six high school students participating in the MGH Youth Jobs program shared their daily tasks, challenges they have encountered and advice with seventh and eighth grade students from Chelsea's Jordan Boys and Girls Club Young Leaders Program.



**FACING THE FUTURE:** Lyons Hunter talks with students.

**HELPING EACH OTHER:** Simpson and Jeannette McWilliams, administrative director of MGH Chelsea

"My biggest challenge so far has been the walkie-talkies," said Emely Espinal, who is working in Police and Security. "Sometimes they are hard to understand but I know that I will get better at it. The staff are all really funny. Everyone here is like a family and they look out for you."

The MGH Youth Jobs Program offers Boston-area high school students paid summer jobs – 25 hours a week for 8 weeks. Participants work in departments including Pediatrics, Radiology and Primary Care at MGH Chelsea.

"We try to make it less of a summer job and more of a summer experience," says Patricia Simpson, RN, who coordinates and mentors the students in the MGH Chelsea Jobs for Youth Program.

This year, Simpson designed the enrichment activities around the theme of Helping Each Other. "It is the core of what we do here at the health center. It's been magical working with these students, they are contributing so much already". ■

## Caregivers recover wholeness through mindfulness

**MINDFULNESS, WHOLENESS** and positive imagery were the main themes of the July 16 Conversations with Caregivers program, "Recovering wholeness: How caregivers can benefit from guided imagery." The program was one in an education series, sponsored by the Dementia Caregiver Support Program of the Division of Palliative Care and Geriatric Medicine, that provides educational resources and support for caregivers, family, staff or patients who are navigating the path of caring for a loved one with dementia.

"Our roles merge and change over a lifetime," said Felipe Jain, MD, director of Healthy Aging Studies in the MGH Depression Clinical and Research Program. "Patients become caregivers. Caregivers become patients. When a loved one is sick, the caregiving goes in one direction and can become asymmetrical and stressful. That stress can become toxic to the mind and body."

Jain discussed the techniques of Mentalizing Imagery Therapy, a type of guided imagery and mindfulness. By practicing these techniques, a person can gain perspective and control over internal images – such as a distressing conversation being replayed in one's mind – so these images, memories or scenarios are not as upsetting. He also discussed the concept of wholeness as mindfully taking a more complete perspective – understanding not only one's own thoughts, feelings and needs, but understanding those of others in challenging situations. This can help caregivers provide better care for the patient and for themselves.

"Guided imagery uses all our senses so that we may instead generate positive images, among the maelstrom of negative ones, that help us soothe ourselves," Jain says. "Wholeness can promote a sense of understanding yourself, your mind, others' minds and the environment in which you live."

For more information about the Dementia Caregiver Support Program, contact *DementiaCaregiverSupport@mgh.harvard.edu.* ■

# How to beat the summer heat

**BRIAN YUN, MD, MPH,** MGH Emergency Medicine physician, shares tips on how to stay safe and keep cool during times of high temperatures this summer.

### TIPS ON STAYING SAFE IN THE HEAT

1. Stay hydrated.
2. Stay cool indoors.
3. Cancel any chores you had planned to do.
4. Wear sunscreen and loose-fitting clothes whenever you are outside.
5. Never leave pets or children unattended, especially in a parked car.

### COMING UP WITH A PLAN FOR COOLING DOWN

1. Stay in an air-conditioned room. While a fan can keep you cool, at temperatures greater than 90 degrees Fahrenheit, it is not the most efficient way.
2. Check your local area to find cooling centers, such as public libraries which are air-conditioned.
3. Take a cold shower.
4. Do not use the oven or other heat-emitting sources.

### HEAT STROKE VERSUS HEAT EXHAUSTION: WHAT'S THE DIFFERENCE?

Heat exhaustion can include excessive sweating, muscle cramps, headaches or nausea. If you or a loved one are suffering from any of these signs and symptoms, get to a cool area immediately.

If there is confusion, seizures or a body temperature of greater than 103 degrees Fahrenheit with an absence of sweating, call 911. Those are the signs and symptoms of heat stroke. ■

# – Geriatric medicine

*(Continued from page 1)*

To address these specific needs of the aging population in the ED, the MGH Department of Emergency Medicine created the Division of Geriatric Emergency Medicine in 2017, the first academic division of its kind in the country, Brown says. The division's mission is to advance the care of older ED patients through training, education, research and public service.

As part of the MGH LVC's 150th anniversary recognition in June, the group awarded three grants to deserving programs throughout the hospital. The Division of Geriatric Emergency Medicine was one of those programs.

"The goal of our division is to provide patients with optimal medical care, personalized to maximize their independence and functionality," says Maura Kennedy, MD, MPH, chief of the Division of Geriatric Emergency Medicine. "Unfortunately, the fast-paced and noisy environment of the average ED is suboptimal and sometimes harmful for older patients with cognitive or hearing impairments or physical limitations. This generous grant from the LVC will serve as a catalyst to accelerate our ongoing efforts to improve care for our geriatric patients."

The funding from the LVC will go toward training the 150 faculty, fellows, residents and advanced practice providers, and will support an educational curriculum designed to increase expertise in clinical management of geriatric syndromes such as frailty and falls, dementia/delirium, medication management, palliative care, post hospital acute care and skilled nursing facility care.

"We are extremely excited and grateful to be chosen by the LVC for this grant," says Brown. "This is a hugely impactful gift that will benefit the department and our patients for years to come." ■

## LVC grants aide hospital programs

In addition to the Division for Geriatric Emergency Medicine grant, the LVC also recognized the following:

### TRANSPLANT SURGERY PATIENT AND FAMILY LOGISTICAL SUPPORT

James Markmann, MD, PhD, chief of the Division of Transplantation, received a grant to help cover the travel costs of MGH Transplant Center patients. More than 40 percent of individuals who come to MGH each year for transplant evaluation travel from outside of Massachusetts. Often unanticipated is an additional, and significant, financial burden for the time and travel commitment required as part of the organ transplant process. The grant will help cover some of the transportation costs including cab fare, ferry or train tickets or parking passes, and provide food vouchers in the hospital.

### HOPE PROGRAM SUPPORT

Sarah Wakeman, MD, medical director of the MGH Substance Use Disorders (SUD) Initiative, was awarded an LVC grant for the hospital's HOPE (Harnessing Support for Opioid and Substance Use Disorders in Pregnancy and Early Childhood) Program – a multidisciplinary integrated program for pregnant women with SUD offering a medical home for care during the prenatal period and for up to two years postpartum. While the clinic can provide medical care, many patients face the inability to obtain basic necessities for themselves and their children. The grant will be used to cover the costs of transportation vouchers, child care, food and supplies such as bottles and diapers.

# Tornado touchdown: Know how to respond

**THE NATIONAL WEATHER SERVICE** confirmed two tornados touched down on Cape Cod earlier this week. The MGH Center for Disaster Medicine wants to remind staff of the hospital's tornado protocol, which outlines plans and procedures for MGH staff in the event of the unexpected weather emergency.

"The tornados that touched down on Cape Cod earlier this week are a reminder that disasters can happen at any time – with little warning," says David Reisman, associate director of the Center for Disaster Medicine. "Adequate preparation at home and at work is critical to ensure your safety and the readiness of the hospital to respond effectively. We encourage staff to use this storm as an educational opportunity to review their personal preparedness efforts and their department's emergency plans."

Staff are encouraged to review personal preparedness tips at *www.ready.gov/* and can find instructions for creating a personal preparedness kit at *www.ready.gov/build-a-kit.*

### TORNADO WATCH VERSUS TORNADO WARNING:

- **Tornado Watch:** Tornadoes may occur in the next 4-8 hours. No immediate danger – time to prepare.
- **Tornado Warning:** A tornado is indicated by radar. People in the affected area should seek safe shelter immediately.

### TORNADO WARNING PROCEDURES:

**Clinical Areas**

- Move ambulatory patients into their bathroom, the hallway or other internal location away from windows.
- Bed-bound patients will be placed in the flat position, as tolerated. Turn bed so headboard is between patient and any windows. Protect patient with blankets or pillows.
- Maintain accountability of all patients and employees until Tornado Warning has expired.

**Non-Clinical Areas**

- Go to a shelter area, such as a basement or the lowest level in the building.
- If you cannot get to shelter area, go to the center of an interior room (closet, interior hallway) away from corners, windows, doors and outside walls.
- Put as many walls as possible between you and the outside.
- Stay away from windows.

### TORNADO WATCH PROCEDURES:

- Stage equipment and/or documentation (flashlights, pillows/blankets, portable oxygen, etc.)
- Collect patient shoes/slippers and place on beds to be ready if patient movement is necessary.
- Review procedures with staff and assign roles to be filled in the event of a tornado warning.
- Communicate with patients and families what "the plan" will be if unit proceeds to warning.

## Ways to stay informed:

### Staff are encouraged to sign up for the Employee Alert System (EAS)

- From your desktop computer, go to Partners Applications > Utilities > Partners Employee Alert System to log into the member portal. From there, you can customize your notification preferences, verify your contact information and choose which Partners institutions you receive alerts from.
- If you would like to receive notifications on your mobile phone, please make sure this information is in the Partners Telephone Directory. If you do not want your mobile phone to be publicly visible, you can mark it confidential.
- Visit Partners Pulse for detailed instructions on how to use the EAS, including how to install the EAS smartphone application.

### Visit Apollo, the MGH intranet

More information, as well as real-time updates in the event of a severe weather emergency, can be found on Apollo, the MGH intranet.

- Tornado response checklists – for tornado watches and tornado warnings – for staff and unit leaders are available on the Emergency Preparedness page on Apollo.

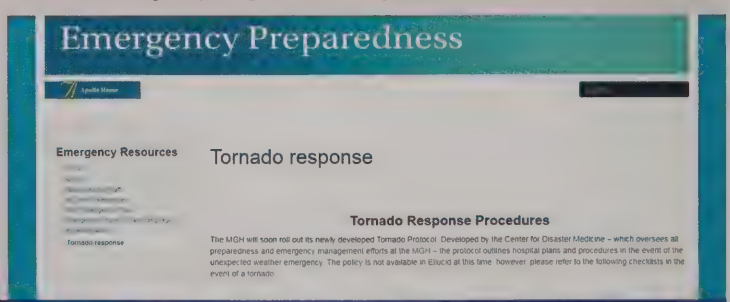



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**PHOTO FINISH:** Runner Christopher Marden crosses home plate at the 2019 Run to Home Base.

# Strength and sacrifice: 10 years running

**MORE THAN 2,000 PARTICIPANTS** – from 41 states – raised $2.3 million during the 10th annual Run to Home Base presented by New Balance. The 5K/9K event supports Home Base, a Red Sox Foundation and MGH Program, and its mission to heal invisible wounds for veterans and their families.

"Along with the exceptional care I received, and with the support of the other veterans and active duty service members in my treatment cohort, I was able to look in the mirror, face many of my issues and begin to deal with them," said Chris Gemmer, a Navy SEAL and Home Base veteran who spoke at the July 27 event's prerace ceremony. "Home Base provided a path to healing I struggled to find on my own. Home Base gave me hope."

Race day included a commemorative pregame ceremony during the Red Sox versus Yankees game at Fenway Park, recognizing veterans and military families who have benefited from Home Base care, first

*(Continued on page 2)*

## MGHers knock it out of the park at Fenway

**WHILE THE BOSTON RED SOX** were away on Aug. 4, there were still plenty of games to play at Fenway Park during the Latino Family Festival – a community health and fitness event featuring information tables, activities and music. Members of the MGH Committee for Latino Initiatives, and staff from MGH Neurology, Pediatrics, and Police, Security and Outside Services offered educational materials, candy and movie passes. Visitors also could enter to win bicycles and tickets to Canobie Lake Park and a New England Revolution soccer game.

"As a proud Latina and MGH employee, I was beyond excited to represent the hospital's Police and Security Department at this year's festival," says Karen Mejia, a security officer in MGH Police, Security and Outside Services. "Being able to make children smile when handing them stickers and coloring books, speak with parents about internet safety, and discuss the department with community members was an amazing experience. The connections I made were priceless and I am already looking forward to doing it again next summer."

**FENWAY FUN:** MGH Police and Security officers Evan Williamson and Mejia with children at the festival.

# RESEARCH ROUNDUP

### Daily e-cigarette use proves effective in helping smokers quit regular cigarettes

While the debate about the overall health risks of electronic cigarettes continues, MGH researchers have found the first long-term evidence that smokers of traditional combustible cigarettes who use e-cigarettes daily are more than twice as likely to quit smoking permanently.

The team analyzed data from 8,000 adult smokers from the first three years of the Population Health and Assessment of Tobacco and Health study, a survey representative of the adult population in the United States.

At the start of the study:

- 3.6 percent of smokers were current daily e-cigarette users.
- 18 percent were non-daily e-cigarette users.
- 78 percent did not use e-cigarettes.

During a two-year period, e-cigarette users reported a higher rate of prolonged absence from smoking – 11 percent – than non-users – 6 percent. Smokers who used e-cigarettes occasionally but not daily also were more likely to demonstrate prolonged abstinence from smoking.

"This finding suggests that smokers who use e-cigarettes to quit smoking need to use them regularly – every day – for these products to be most helpful," says Sara Kalkhoran, MD, MAS, MGH Primary Care physician and lead author of the study.

"Smokers who plan to stop smoking should still be encouraged to first use FDA-approved therapies rather than e-cigarettes," says Nancy Rigotti, MD, senior author of the paper and director of the MGH Tobacco Research and Treatment Center. FDA-approved therapies include varenicline, bupropion or nicotine patches, gum or lozenges.

"But this study suggests e-cigarettes may be helpful for some smokers who are not able to quit with these existing treatments," Rigotti says.

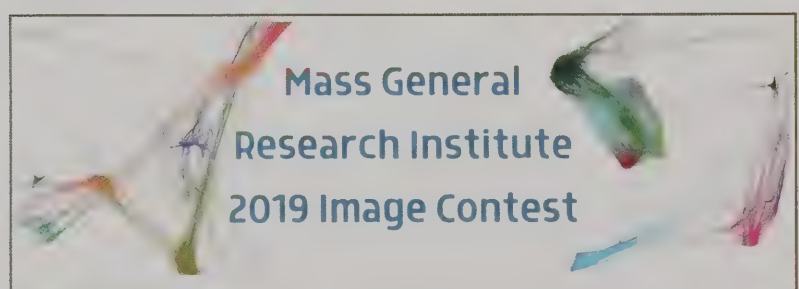
### Untapped information from chest X-rays could help predict future health risks

An MGH research team recently created a new tool powered by artificial intelligence that was successful in identifying individuals at risk of developing heart disease, lung cancer and other disorders in the 12 years following a standard diagnostic chest X-ray.

The tool, called CXR-risk, was trained by comparing 85,000 chest X-rays from 42,000 patients with each patient's survival rate over a 12-year period. The goal was for the tool to "learn" the features of a chest X-ray that best predicted a patient's future health and risk of death.

To validate the tool, the team then had it analyze chest X-rays from 16,000 additional patients and assign a risk level to each one. They found that 53 percent of those identified as high risk died in the 12-year period after the X-ray was taken, compared to fewer than 4 percent of those labeled as very low risk.

"It may be possible to improve outcomes for these at-risk patients through earlier screening and preventive medicine," says Michael Lu, MD, MPH, director of Research in the Division of Cardiovascular Imaging and lead author of the study. "This is a new way to extract prognostic information from everyday diagnostic tests. It's information that is already there that we are not using, that could improve people's health."




**MGH RESEARCHERS** are invited to enter a maximum of three submissions in this year's Research Institute Image Contest. Any image that represents MGH research can be submitted, including those featuring microscope/labs, 3D models, scans and team shots. Entries will be accepted through Sept. 27.

All MGH staff can vote for their favorite image from Oct. 7-18. One vote per day is permitted. The winner will be announced Nov. 1 and will receive the following prizes:

- A Research Institute fleece
- Image featured in *Proto* magazine
- Image featured in the Charlestown Navy Yard (CNY) Building 149 display case

Finalists will each receive a featured spot alongside the winner in the CNY Building 149 display case and a pair of movie tickets.

Visit the MGH Research Institute blog at *https://mghresearchinstitute.com* or the Research Institute Facebook page for complete contest rules and the submission form. ■

## – *Home Base*

*(Continued from page 1)*

responder champions, community and national partners, and Home Base staff.

"Home Base is truly the product of a grateful nation," said retired Brig. Gen. Jack Hammond, executive director of Home Base. "We are continuously growing and expanding our boundaries, both geographically and intellectually, to reach new heights in innovation to help veterans and their families facilitate successful transitions to civilian life. As we celebrate this significant milestone, we look forward to many more." ■

# The power of kindness and compassion

**MGH LEADERS SHARED** reflections, readings and prayers at a special "Circle of Concern: Confronting the Fear of Gun Violence" service Aug. 6, led by the Spiritual Care Department. Staff gathered in the MGH Chapel in response to the multiple gun violence attacks that have occurred recently throughout the United States. Below are a few of the thoughts shared during the event.

I would like to invite those who are willing to place your hand over your heart and send kindness to yourself. It will help hold you in gentleness and kindness as we go through these painful times. As we do that, I would like to invite those who are willing to extend that kindness to the person beside you, to everyone in this room, extending farther to everyone in the hospital – to your patients, their families, your colleagues and friends – extending further to our neighborhood, to your loved ones and families, extending to every person in this country, in this continent, to other countries, to the whole earth and to all beings. I encourage each one of us to take a few minutes each day to practice sending kindness to ourselves and extending it to all. Each one of us has the power to make a difference, starting with ourselves and our community.

**–Rev. Alice Cabotaje, MDiv, BCC,** director, Spiritual Care and Education in the Spiritual Care Department

I am grateful to the organizers of today's service for providing a place for members of our MGH family to come together to support one another and pray for a better future for our country. We must make sure this senseless loss of life finally leads to needed changes in the attitudes of our society and the laws of our country to prevent attacks like these from continuing to happen. This is a public health problem and we as a health care organization have a responsibility to be part of the solution. I encourage all of us to channel our grief into action, and leave today with at least one thing we will commit to doing to move us forward.

**–Peter L. Slavin, MD**, MGH president

We have to have hope. We must all think about what we can do not after a shooting, but when there isn't one, when people are settling back to complacency. We need to make these efforts part of our day, week and year. We must practice kindness and empathy all days because that can prevent someone from hurting themselves or someone else. We need to all be vigilant in our environments, certainly here but at home as well. I hope we can live with intention, not with fear, and we need to empower ourselves and each other. I visualize a world free from gun violence a lot. I know I am not alone.

**–Bonnie Michelman**, executive director, Police, Security and Outside Services

# Giving back: Outstanding employees recognized with inaugural award

**THREE MGH STAFF MEMBERS** were selected out of 40 nominations to receive the MGH's inaugural Community Service Award. The award honors employees who selflessly donate their time to their community and are outstanding employees in their department. The new award program encourages employees to make contributions to their community through their time, actions and dedications.

Peter L. Slavin, MD, MGH president, congratulated this year's honorees, from left, Julia Kahn, Radiation Oncology research technician; Alison Brookes, MD, of the Medical Walk-In Unit; and Susan Cuzzi, patient service coordinator in the Cancer Center.

# *MGH named a top hospital in America by U.S. News & World Report*

**THE MGH HAS BEEN RANKED #2** in *U.S. News & World Report's Best Hospitals 2019-2020* and is the only hospital among the 5,000 institutions evaluated to rank across all 16 specialties. The MGH has consistently placed among the top five hospitals on the Honor Roll since its inception in 1990.

Other hospitals within Partners HealthCare that ranked highly on the annual survey are Brigham and Women's Hospital at #13; McLean Hospital, which ranked #2 in Psychiatry; Spaulding Rehabilitation Hospital (in partnership with the MGH), which ranked #3 in Rehabilitation; and Mass. Eye and Ear (in partnership with the MGH), which ranked #2 in Ear, Nose and Throat and #4 in Ophthalmology.

Three Partners hospitals also have been ranked in the *U.S. News & World Report* regional survey. Newton-Wellesley Hospital ranked #5 in the Boston region and #6 in the state, and was recognized as high-performing in geriatrics, pulmonary, chronic obstructive pulmonary disease (COPD), heart failure and lung cancer surgery. Wentworth-Douglass Hospital ranked #6 in the region, and North Shore Medical Center was recognized as high-performing in heart failure and COPD.

| THE MGH'S RANKINGS IN ALL 16 SPECIALTY AREAS ARE: | |
|---|---|
| Cancer | 8 |
| Cardiology and Heart Surgery | 5 |
| Diabetes and Endocrinology | 2 |
| Ear, Nose and Throat (with Mass. Eye and Ear) | 2 |
| Gastroenterology and GI Surgery | 5 |
| Geriatrics | 11 |
| Gynecology | 6 |
| Nephrology | 7 |
| Neurology and Neurosurgery | 13 |
| Ophthalmology (with Mass. Eye and Ear) | 4 |
| Orthopedics | 6 |
| Psychiatry | 1 |
| Pulmonology | 5 |
| Rehabilitation (with Spaulding Rehabilitation Hospital) | 3 |
| Rheumatology | 6 |
| Urology | 11 |

## What people are saying

**ALONG WITH SHARING NEWS,** events and information of the hospital, the MGH Twitter and Facebook accounts help keep our patients, staff and community connected. Here are a few things people have said recently, including some congratulations on the *U.S. News & World Report's Best Hospitals 2019-2020*:

**Gail H:** Absolutely well deserved! We are so blessed to live within driving distance. I researched transplant centers and chose MGH for my husband's liver transplant. Now I feel we are in the Mass General family. Thanks to all who saved him.

**Valerie M:** Congratulations to MGH! A most well deserved ranking! A wonderful place to work that does amazing things for its patients and employees.

**Bob P:** Massachusetts General is one of the greatest hospitals. Thank you for taking such great care of my mother and others in my family for well over 40 years now.

**Arminda F:** I am grateful for the excellent care my family and I have received at MGH since 1971. Congratulations! Well deserved!

**Jay W:** The people are amazing professionals who have a passion for outstanding care. From checking in, tests, prep, the surgery and the recovery, everything was excellent. They were all wonderful. Thank you all. You are an amazing group of people!

**Abigail O:** Excellent care and service, the nurses and doctors have been nothing but kind, professional and done everything to keep me comfortable! 5 out of 5, will always come here for my and my family's medical needs!

**Angelique M:** So proud to work at MGH and wouldn't take my family anywhere else for their health care.

**Alex V:** Excelente servicio en ese hospital todo. Super bien muchas gracias.

**Gail T:** Mass General, during my lifetime, has always been in the forefront of medical care. Congratulations for the recognition.

**Jackie E:** We are so blessed to have MGH. They saved my husband's life. We are so grateful to the nurses and the doctors. We are especially grateful to his surgeon. She is surely a miracle worker.

**Takashi O:** Congratulations, MGH. I truly appreciate all of your hard and compassionate research and support efforts for patients and the future.

**Gary M:** Congratulations, very well deserved! People come from all over the country for the excellent care at MGH and we are fortunate to live close by.

**Kurt H:** I'm so grateful to everyone at Mass General. You are the best. Thank you!

**Marc V:** Congratulations! Forever grateful to all the professionals at this world class hospital.

**Doris H:** From the moment that I was admitted to MGH, I felt like the most important person in the world. They saved my life. My family and I will be forever grateful to MGH.

**Cynthia R:** I could not say enough good things about this hospital. I am here today because of all the wonderful people who work at MGH. It takes many good people to make everything work so smoothly. I would not want to go to any other hospital, they are the best there is. ■

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# Red, white and dress blues

**MEMBERS OF MGH POLICE, SECURITY AND OUTSIDE SERVICES** presented the colors before the Aug. 17 Boston Red Sox game at Fenway Park.

"We have had the privilege of presenting our nation's flag at various events, however, presenting the American flag at America's pastime in our nation's oldest ballpark was truly a humbling experience," says John Petty III, operations supervisor for MGH Police and Security.

"Presenting the colors on the Fenway grass before a near sellout crowd while the national anthem was sung is an honor that we will cherish forever."

In addition to Petty, the honor guard members were Alan Moulaison, Robert Langhorne, James Harrop, Christopher Beagle, George Ayan and Tara Chipman. ■

## MGH Department of Psychiatry names new chief

**THE MGH DEPARTMENT OF PSYCHIATRY** will welcome a new leader Oct. 1. With more than 25 years of academic and clinical experience in psychiatry, Maurizio Fava, MD, has been named the department's new psychiatrist-in-chief. Fava – who currently serves as executive vice chair of MGH Psychiatry and director of the Division of Clinical Research for the MGH Research Institute – will succeed Jerrold F. Rosenbaum, MD, who has led the department since 2000.

"I am truly honored to serve as the new chief of Psychiatry and for the opportunity to lead a department with such outstanding faculty and trainees," says Fava. "As chief, some of the goals I want to focus on include improving access to mental health treatments, expanding activities with our community partners and strengthening our research efforts – particularly in the areas of basic and translational neuroscience, precision medicine, artificial intelligence and implementation science."

Internationally recognized as a leading clinician within the field of depression research, Fava founded the MGH Depression Clinical and Research Program in 1990. He served as its director for nearly 25 years, advancing the understanding of depression disorders and improving treatment. In 2007, he established the MGH Psychiatry Clinical Trials Network and Institute to plan and coordinate multicenter clinical studies in psychiatry.

*(Continued on page 4)*

FAVA

# Critical Drug Shortage
## Heparin

## *MGH responds to global heparin shortage*

**THE MGH HAS ACTIVATED** its Hospital Incident Command System to respond to an impending heparin shortage expected to impact hospitals – including the MGH – across the globe.

Heparin is an anticoagulant used to decrease clotting of the blood in patients being treated for blood vessel, heart and lung conditions. It also is used to prevent clotting during heart surgeries, dialysis and blood transfusions. The shortage is due to an outbreak of African swine fever in China, which has reduced China's pig population by an estimated 40 percent – with 60 percent supplied to the United States. Heparin is derived from pigs and about 80 percent of crude heparin is produced in China.

"We have been monitoring this situation for several weeks," says Paul Biddinger, MD, director of the Center for Disaster Medicine. "We anticipate that our supply of all heparin-related products will continue to dwindle in the immediate future. Hospital leaders currently are in the process of reviewing all conservation strategies and possible alternative treatments, while also working with manufacturing companies to examine the full extent of shipping delays and cancellations. Because this is a global shortage, we are not sure how long it will last, but we are actively doing all we can to address the situation."

## EEE: Know the facts

**FOR THE FIRST TIME** in six years, a human case of Eastern equine encephalitis (EEE) was confirmed in Massachusetts earlier this month. The state Department of Public Health reports that the mosquito-borne illness recently was spread to a man in Plymouth County. Infectious disease experts from the MGH say while EEE is rarely transmitted to people, the risk for human infection usually peaks during the months of August and September.

"We're really not in the clear until those first hard frosts settle in over New England," says Edward Ryan, MD, director of MGH Global Infectious Diseases. "EEE is a virus that is usually transmitted among mosquitoes and non-human animals such as birds. But when a person is infected, it can be severe."

Signs of EEE include flu-like symptoms, such as fever, muscle aches and headaches. The virus can cause inflammation of the brain and result in neurologic damage and, sometimes, death. Along with aerial spraying for mosquitoes, Ryan offers the following tips:

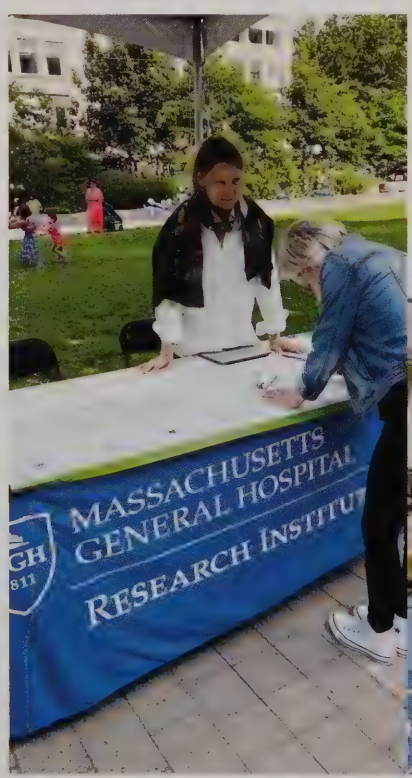
- Avoid outdoor activity from dusk until dawn.
- Cover exposed skin whenever possible.
- Wear insect repellent approved by the Centers for Disease Control.
- Remove standing water from yards where mosquitoes might thrive.

"There is no vaccine for EEE and no treatment," says Ryan. "So it's vital to minimize the likelihood of getting bitten by a mosquito."

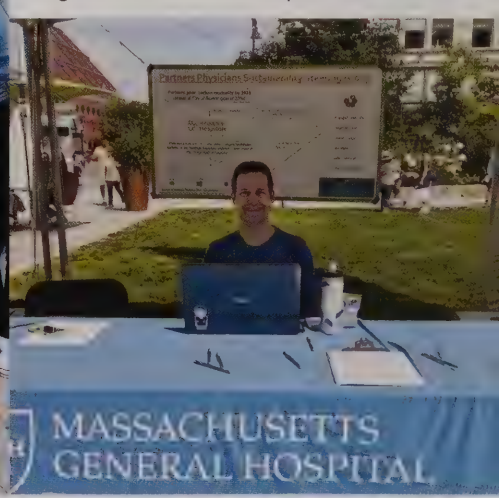
## Championing change

**PHYSICIANS AT THE MGH** participated in the 12th annual Boston GreenFest and TechExpo, which ran Aug. 16-18. Organized by the Foundation for a Green Future, the event aims to educate and empower people to create a more sustainable, healthier world.

"We engaged with the public, including our patients, talking about the need for increasing environmental awareness within health care," said Jonathan Slutzman, MD, of Emergency Medicine, who helped staff at the hospital's information table, pictured at right below. "We discussed how we at the MGH and at Partners have been – and are – improving our environmental footprint. We encouraged the visitors to our table to complete a short survey to learn their views about the intersections between pollution, climate change, human health and health care institutions."




Joining Slutzman at the event to champion environmental sustainability were fellow physicians Ann-Christine (Tina) Duhaime, MD, of MGH Pediatric Neurosurgery, pictured at left; Kerstin Zanger, MD, of MassGeneral Hospital for Children; Adrienne Allen, MD, from North Shore Medical Center; and Paul Dellaripa, MD, from Brigham and Women's Hospital. ■



# *Back-to-school: Helping kids through the transition*

**HEADING BACK TO SCHOOL** is often filled with anxiety for both parents and kids. New teachers, new friends and new academic challenges are only the beginning.

"Parents can help make the back-to-school transition smoother by helping their child set goals, keeping an eye out for signs of stress and being involved in their child's school," says Ellen Braaten, PhD, co-director of The MGH Clay Center for Young Healthy Minds. Here, Braaten shares tips to prepare children for their return to school.

## GET TO KNOW THE TEACHER

No one is more important to your child's success in school than a teacher. If your child is in elementary school, make a point to introduce yourself early in the year. If your child is in middle or high school – where there he will have multiple teachers – attend a back-to-school night.

BRAATEN

If your child has a learning disability or special need, don't hesitate to contact the teacher and voice your concerns. Keep it short, make your concerns clear and ask for feedback. If your child is on an Individualized Education Program or Section 504 Plan, be sure the plan is being implemented appropriately.

## ENCOURAGE SOCIAL RELATIONSHIPS

If your child is young, arrange play dates with new or old friends. Plan activities with classmates on the weekends to help your child form bonds. If you are not sure who would be appropriate for a play date, ask your child's teacher for a suggestion based on your child's temperament. Social relationships don't just apply to your child; it's also a good idea for you to form relationships with other parents to get to know your child's peers.

## SET GOALS

For younger kids, it can be something as simple as "I want to learn to read this year." For older kids, it could include helping your child choose appropriate after-school and extracurricular activities.

## BE MINDFUL OF EXTRACURRICULAR ACTIVITIES

The beginning of the school year is a good time to talk about how your child would like to spend his or her free time. It's a good time to try something new – a hobby or sport – and to discuss how much is "too much." Talk about what worked last year and what didn't, and develop a schedule that is realistic and fun.

## MANAGE STRESS

Not every child copes well with the transition to a new school year. While it is normal to feel anxious, it's not normal if the anxiety continues beyond the first few weeks. Acknowledge that this is a stressful time. Adjusting to new situations and learning to cope is an ever-changing part of life. Coping with the changes of a new school year is a great opportunity for your child to learn skills needed for later in life. But if your child is having trouble sleeping, has a change in eating habits, seems sad much of the time, is constantly anxious and has lost pleasure in things once enjoyable, seek help. Start by talking to your child's teacher, school psychologist or guidance counselor.

## GET INVOLVED

If possible, volunteer at your child's school. This can be hard for working parents, but you could volunteer to support your child's teacher after work hours – for example, helping to plan a one-time event like the class Halloween party. Children whose parents are more involved tend to be more successful.

## FOCUS ON THE POSITIVE

If your child has a tendency to dwell on the negative aspects of a new school-year transition, help to point out the positives. Discuss the benefits of the school, the teacher or the classroom. Keep your emotions in check. It's normal for you to feel anxious too, but you don't want those feelings to rub off on your child. Stay calm, and be confident.

## STICK TO A ROUTINE

Kids do better when they know what to expect. If you have a routine that worked last year, continue it. If something needs to change, such as after-school care or a carpool, give your child as much advance warning as possible. It also helps to establish a homework routine. Figure out a time and place to do homework, such as before dinner in the dining room, and stick to it. ■

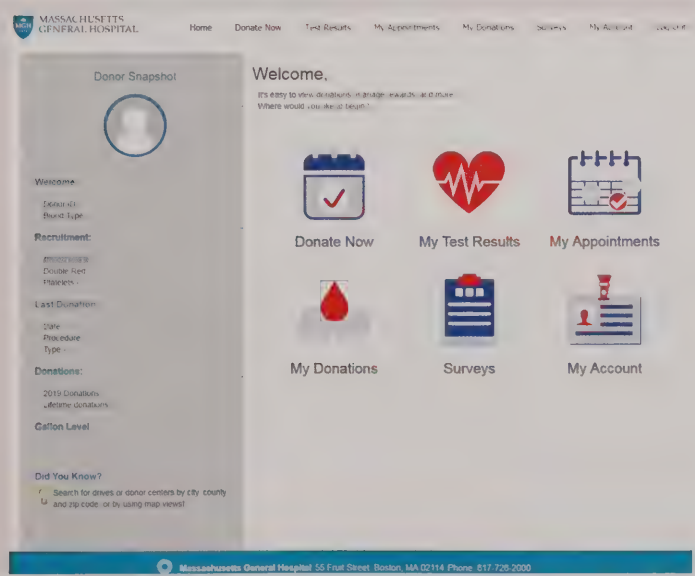
# Blood Donor Center goes digital

**A NEW ONLINE** MGH Blood Donor Center portal is now live.

"This portal was designed specifically for donors to make giving blood as easy and efficient as possible – for visits to both the Blood Donor Center in the Gray/Jackson Building or at one of the bloodmobiles," says Kim Cronin, manager of MGH Blood Donor Services. "You can make your appointments and check your donor profile in a few clicks from a mobile device or desktop computer."

Key features of the new software are online appointment scheduling, eligibility dates, access to health history vitals, and records of past and future appointments. Other highlights include email reminders for appointments, donation experience surveys and a customizable interface to adjust settings and notifications.

Visit *blooddonor.massgeneral.org* to create an account. Users will need a unique Donor ID number. Call 617-724-9699 or email *MGHBloodDonorCenter@Partners.org* for more information or to receive a Donor ID.



# Flashback Friday

## MGH Bowling League celebrates 70 years

**FLASHBACK FRIDAY** is an installment highlighting stories from MGH history. *MGH Hotline* spent some spare time in the hospital archives to highlight the 70-year history of the MGH Bowling League.

"The soft ball enthusiasts of the M.G.H. are now planning a Winter of bowling ending with a dinner and the awarding of a Championship Cup" read the September 1949 edition of *The World of MGH*, an employee newsletter publication and precursor to *MGH Hotline*. Seventy years later, MGH employees continue to hit the alley in hopes of hoisting the coveted Championship Cup. ■

**NO PINS SPARED:** Members of the 2019 championship team, The Alley Cats

### Final Score, M.G.H. Bowling League

| Teams | Won | Lost | Pin Fall |
|---|---|---|---|
| Dietary | 47 | 9 | 14702 |
| Housekeeping | 38 | 18 | 14212 |
| Accounting | 34 | 22 | 14015 |
| Maintenance | 28 | 28 | 13880 |
| Electric | 27 | 29 | 13790 |
| Technician | 21 | 35 | 13164 |
| Record Room | 17 | 39 | 13118 |
| Nursing | 12 | 44 | 12837 |

RECORDS

High Single—120—May, R., Hskpg.—Zunino, E., Acct.
High 3 Strings—314—Zunino, E., Acct.
High Team Single—402—Accounting

**GUTTERS AND GLORY:** Above, a scorecard published in 1950 marks the end of the first season of the MGH Bowling League. Center, the front page of *The World of MGH* announces the planning committee for the MGH Bowling League in 1949. Far right, The Mighty Plumbers exchange fighting words with the "highly over-rated" Bulb Twisters in a 1952 edition of *The World of MGH*.

### Bowling Tournament Planning Committee Announces Winter Contest

The soft ball enthusiasts of the M. G. H. are now planning a Winter of bowling ending with a dinner and the awarding of a Championship Cup for the winning team in the Spring. The entering wedge is a Planning Committee which will work out details for the Tournament. The Planning Committee includes: Mrs. Rose Brooks, Record Room; William Stewart, Electrical Shop; Eugene Cote, Accounting Department; Arthur Irwin, Plumbing Shop; Wilfred Morin, Nursing Department; Roscoe Adams Housekeeping Department, and Jack Fraser, Dietary Department.

On January 29, 1952, at 7:00 P.M., the Massachusetts General Hospital Plumbers beat the highly over-rated "BULB TWISTERS" at bowling. The SCORE speaks for itself. The "Plumbers" are indeed proud of their accomplishment and hope to meet a Superior in the near future.

Actions speak louder than words.

We hope that the "BULB TWISTERS" do not feel too badly about the results of the game. We feel sure that with a little more good coaching and a LOT more practice they will improve some.

A good time was had by all. Sorry "MIKE" that the results were not quite the same as predicted by you.

—The Mighty Plumbers

# – New chief

*(Continued from page 1)*

"There has never been a more exciting time for psychiatry and neuroscience, as we are on the brink of developing completely new therapies and new approaches to the treatment of psychiatric illnesses," says Fava. "With almost 40,000 suicides in our country each year, we need to find more effective treatments for depression, which represents a major risk factor for suicide. I am very passionate about doing this."

Born in Valdagno, Italy, Fava earned his medical degree from the University of Padua School of Medicine in Italy and completed his residency in endocrinology at the university's Istituto di Semeiotica Medica before coming to the MGH to begin a residency in psychiatry. He served as chief resident in the Clinical Psychopharmacology Unit and joined the psychiatry staff in 1988.

Rosenbaum will continue to maintain a presence within the department, leading the MGH Center for Anxiety and Traumatic Stress Disorders as well co-chairing philanthropic efforts.

"Maurizio and I have been partners in this enterprise that is MGH Psychiatry for more than three decades, and it is with enormous confidence and gratitude that I turn the department over to him," Rosenbaum says. ■

# Sunscreen dispensers made in the shade

With one month of summer remaining, MGH Dermatology unveiled the newest outpost aimed at getting people to cover up – with sunscreen – on Boston's City Hall Plaza Aug. 22. The MGH, Brigham Health and the city of Boston are collaborating with the national nonprofit group IMPACT Melanoma to support 35 of these sunscreen dispensers around the Hub. The sun safety station near City Hall features four dispensers and will remain open for public use through early October.

"Sunscreen dispensers like these can help us safely enjoy our public spaces and outdoor events throughout the summer and into early fall," says David Fisher, MD, PhD, chief of MGH Dermatology, pictured at right.

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9.06.19

MGH HOTLINE

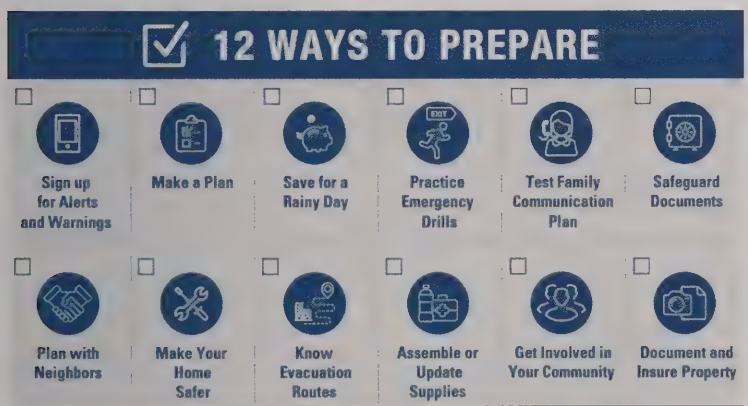
A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# Making preparedness a priority

**IN RECOGNITION OF** September as National Preparedness Month, Paul Biddinger, MD, director of the Center for Disaster Medicine, shares helpful tips on how to be prepared for any emergency at both work and home.

**HOW CAN I PREPARE FOR EMERGENCIES AT HOME?**
Building a plan is a great first step. Make sure you and your family discuss shelter plans, evacuation routes and create a household communication plan. Also, have an emergency supply kit ready. Make sure you have enough water, food and medications for yourself, family members and pets for at least three days. Consider other items you may need to keep in your kit such as flashlights and battery-powered radios. Be sure to update the kit and review your emergency plan on a regular basis.

**HOW CAN I STAY INFORMED IN THE EVENT AN EMERGENCY IS IMPACTING THE MGH?**
Make sure you are signed up to receive notifications from the Employee Alert System (EAS). Keep your information up to date in PeopleSoft and make sure your cell phone number is listed in the Partners Phone Directory. You may choose to make your cell phone number confidential, so it does not show in the directory.




**WHAT IS MY ROLE DURING AN EMERGENCY AT THE MGH?**
Every department has an individual emergency plan. Talk with your supervisor about your specific plan before an event happens. During an emergency, report to your supervisor for instructions and stay on-site until you are directed to leave. If you are off-site, wait for instructions. If you are asked to come in to the hospital, remember that your MGH ID badge serves as a disaster pass and may be needed to enter the hospital.

**WHERE CAN I FIND MORE INFORMATION?**
*Ready.gov* is a great resource with a customizable emergency kit checklist, plan templates – pictured above – and other great information. Also, visit the Emergency Preparedness page on Apollo, the MGH intranet. ■

## MGH staff deployed to aid hurricane relief efforts

**AS HURRICANE DORIAN** continues its path of destruction, a group of MGH staff has already been deployed to help with relief efforts. The Metro-Boston Disaster Medical Assistance Team (DMAT MA-1), which is part of the federal National Disaster Medical System (NDMS), has deployed to the Carolinas to use their expertise in clinical care and disaster response.

Eleven MGH staff members are part of the DMAT team. They are, from left, David Mather, Center for Disaster Medicine; Ellen Blanch, RN, SICU; Karen Ryle, RPh, Outpatient Pharmacy; Allison Curtis, RN, Burns Department; Jarone Lee, MD, Emergency Medicine; Jacky Nally, RN, Center for Disaster Medicine; Lisa Anahory, RN, Emergency Medicine; Karon Konner, MSW, Social Service; Craig Nally, PA, Emergency Medicine; Monica Staples, RN, Emergency Medicine; and Mike Marra, Police and Security.

Several MGH staff members who are part of the NDMS Trauma and Critical Care Team East are also on call, and the MGH Global Health Office of Global Disaster Response is preparing to deploy a team to the Bahamas to support residents in need.

Psst... see inside!

HubWeek 2019 Festival
OCTOBER 1 - 5 BOSTON'S SEAPORT

# HubWeek 2019 Festival

**OCTOBER 1 - 3** BOSTON'S SEAPORT

75 NORTHERN AVE. BOSTON, MA

**HubWeek marks its fifth anniversary Oct. 1-3 with the theme of The Pursuit.**

A first-of-its-kind innovation festival, HubWeek was co-founded as a civic collaboration of Harvard University, MGH, MIT and *The Boston Globe*. The festival will celebrate and showcase the city's most creative and inventive changemakers at the intersection of art, science and technology.

## HubWeek 2019 will feature MGH leaders tackling challenging health and policy issues, and inspiring audiences with their vision for the future.

### A More Inclusive Future:
### Transgender Health, Culture and Policy

**Oct. 2, 5:30 – 7 p.m.**

An estimated 1.1 million people in the United States identify as transgender or non-binary and face significant health risks and barriers to quality care. Join us for a compelling discussion with Boston experts in transgender health, culture and policy.

**Robert Goldstein, MD, PhD** | Moderator
he/him/his
Medical director, MGH Transgender Health Program

**Dallas Ducar, MSN, PMHNP-BC**
she/her/ella
Psychiatric nurse practitioner,
MGH Transgender Health Program

**Mason Dunn**
he/him/his or they/them/theirs
Director of Advocacy, Keshet

**Jeremi Carswell, MD**
she/her/hers
Director, Boston Children's Hospital
Gender Management Service (GeMS)

### Bodies in Space:
### The Next Generation of Exploration

**Oct. 2, 9:30 – 10:30 a.m.**

For more than 50 years, Boston scientists and engineers have been at the forefront of space exploration. Join us for a thought-provoking discussion with scientists from MGH, Harvard and MIT.

**Jonny Kim, MD**
NASA astronaut and former U.S. Navy SEAL
and MGH resident physician

**Ariel Ekblaw**
Founder & director, MIT Media Lab
Space Exploration Initiative

**Michael Johnson**
Harvard University Center for Astrophysics &
Smithsonian, Event Horizon Telescope team

**Carl Zimmer** | Moderator
Award-winning science writer
*The New York Times* columnist, author

ATTEND

**Visit www.HubWeek.org for tickets and a full HubWeek schedule.**

**20% Discount Code:** MGH-HW-19

Photos courtesy of NASA

# HubWeek Open Doors

This year, HubWeek has moved beyond a single fall festival to offer programs throughout the year. HubWeek Open Doors – presented by BNY Mellon – is a free, monthly series that allows audiences to experience the innovation that is happening in and around Boston neighborhoods.

The series has highlighted the North Station area, East Boston, Dudley Square, Union Square in Somerville and Kendall Square in Cambridge.

Programs have included panel discussions on big data and building a culturally conscious innovation economy, speed mentoring sessions, a tour of MIT.nano, and a meditation and mindfulness session led by **Darshan Mehta, MD, MPH**, medical director of the MGH Benson-Henry Institute for Mind Body Medicine.

## The Shoe

This year, HubWeek will feature Playground of Empathy's "Walk in my Shoes Closet," an immersive, multimedia pop-up experience that invites visitors to see and engage with the world through the perspective of a different gender. Also known as "The Shoe," each 30-minute experience draws on a different real-person narrative. The Shoe is designed in collaboration with The Interdisciplinary Affective Science Lab at Northeastern University. It aims to expand vocabulary and gender awareness, and promote socially empathic communities. Visit *www.playgroundofempathy.com/gender* for more information.

**Advance registration is required.**

## Additional 2019 HubWeek Highlights

Fifty speakers throughout three days with dozens of interactive experiences – that's HubWeek 2019. Attendees will have the opportunity to drive a car powered by a hydrogen fuel cell, dance at a silent disco, wander amid art installations, or play an interactive game to find a cure for a deadly disease.

### 2019 speakers include:

- J. Stuart Ablon, PhD, director of Think:Kids, and Leslie O'Brien, MSW, LICSW, Aspire Works program manager, will offer a glimpse of the future from their respective fields.
- Chris Burkard, a photographer and filmmaker, will premiere his documentary *Under an Arctic Sky*, which follows surfers who travel to a remote corner of Iceland to find perfect waves.
- Kristine McDivitt Tompkins, former Patagonia CEO and co-founder and president of Tompkins Conservation, who helped to establish 11 national parks in Argentina and Chile.

09.06.19 MGH HOTLINE

# RESEARCH ROUNDUP

### Lab on a chip could solve the mysteries of non-alcoholic fatty liver disease

Non-alcoholic fatty liver disease (NAFLD) – the accumulation of liver fat in people who drink little or no alcohol – affects 30-40 percent of adults in the United States, and there are no known treatments. Over time, the accumulation of fat can cause chronic liver problems such as cirrhosis and liver cancer.

MGH researchers have developed a "lab on a chip" that can model different severity levels of NAFLD using one sample of tissue. The chip will help researchers learn more about the causes of the disease and test new treatments.

The study was led by Beyza Butoglu, PhD, and O. Berk Usta, PhD, from the Center for Engineering in Medicine.

### Diabetes treatment goals flatline despite new drugs and efforts to extend care

Diabetes is the seventh leading cause of death in the United States, but the rate of individuals achieving treatment targets for the disease has not improved since 2005.

An MGH research team used data from Centers for Disease Control to analyze diabetes care from diagnosis and prevention to achievement of treatment targets. They found less than 25 percent of Americans achieved their treatment targets by controlling their blood sugar, blood pressure and not smoking tobacco.

The results demonstrate the need to develop new strategies for improving care and reducing barriers to treatment such as a lack of health insurance and the high cost of drugs, the researchers say.

The study was led by Pooyan Kazemian, PhD, of the Medical Practice Evaluation Center, and Deborah Wexler, MD, MSc, of the Diabetes Unit.

### Imaging tool provides a look at cell functioning in cystic fibrosis patients

A groundbreaking new imaging tool developed by MGH researchers has made it possible – for the first time – to observe differences in the nasal passages of patients with cystic fibrosis (CF) at a cellular level.

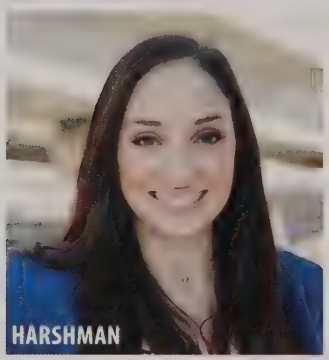
The imaging tool, a catheter 2mm in size, uses a technology called optical coherence tomography to show images at a resolution of 1 micrometer – a 50th the size of a single human hair – and can be administered to patients without sedation.

A hallmark symptom of CF is the inability to effectively process mucus through the body. Using this tool, researchers found that the mucus of CF patients was dehydrated, causing it to move more slowly and impacting the speed of the cilia – the brushlike structures on airway cells that transport mucus.

The team also found that the mucus of CF patients contained more inflammatory cells and discovered patches of airway that had been completely eroded. The tool can be used to learn more about how CF affects the airway cells and to gauge the effectiveness of new treatments.

The study was co-led by Guillermo Tearney, MD, PhD, investigator in the Wellman Center for Photomedicine.

# *Packing a lunch that packs a punch*


HARSHMAN

**AS THE SCHOOL YEAR BEGINS,** Stephanie Harshman, PhD, RD, LD, research fellow in the Neuroendocrine Division and clinical dietitian at MassGeneral Hospital for Children, offers simple back-to-school snack hacks.

**WHAT SHOULD PARENTS KEEP IN MIND WHEN PACKING A SCHOOL LUNCH?**

Lunches should provide a nutritional balance that covers the major food groups; grains, protein, fruits and vegetables. Most important, parents should avoid prepackaged foods like yogurt tubes and some granola bars that may be easy to pack but are low in fiber and high in added sugars. Though many deli meats tend to be high in saturated fat and salt, there are some more lean and low sodium options that can be used.

Parents should be creative in their lunch preparation to add excitement to the lunch box – for example, use cookie cutters to slice fruits, vegetables and sandwiches into fun shapes. Also, creating a lunch packing station where kids can help provides a learning opportunity and allows them to feel good about their healthy choices.

**CAN A PARENT PACK THE SAME LUNCH FOR CHILDREN OF DIFFERENT AGES?**

The general nutrition requirements are the same for children older than 1 year and for adults. Meals, including lunches, should focus on a variety of fruits and vegetables. At least one half of all grains should be whole grain and solid fats, added sugars and salt should be minimized.

**WHAT IS THE BEST DRINK OPTION?**

Most kids don't need anything other than water. The exciting advertisements and marketing around sports drinks, natural fruit juices, and energy drinks make them a desired, yet unhealthy choice for kids as they are often packed with added sugars. Parents can instead add sliced citrus fruit, frozen berries – they act as flavorful ice cubes – or cucumber to water to add flavor and limit sugar. Let your child choose their fruit or vegetable addition to get them excited about their healthy drink.

**MANY ADOLESCENTS ARE HEADING TO THE FIELD AFTER CLASS. WHAT SNACKS SHOULD THEY FUEL UP ON BEFOREHAND?**

Fiber, proteins and carbohydrates are key. They will keep kids satisfied and provide that extra energy boost. Cheese sticks, apple slices and dried cranberries are quick, healthy snacks that can sustain young athletes until dinner. Processed foods should be avoided. ■

MGH 1811
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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Critical Drug Shortage
Heparin

# Global heparin shortage continues

## *MGH stresses conservation, alternative strategies*

**AS THE GLOBAL HEPARIN SHORTAGE** continues, so does the work of the multi-department emergency response team charged with reviewing and implementing conservation strategies and seeking out alternative therapies. On Sept. 18, the group hosted an urgent Town Hall in the O'Keeffe Auditorium to update the hospital community with the most recent developments as well as outlining future plans.

"Pharmacy and Materials Management are doing everything they can to maximize supplies, and there is a tremendous amount of work going on throughout the hospital," said Paul Biddinger, MD, director for the MGH Center for Disaster Medicine. "We are working closely with our colleagues throughout the Partners HealthCare system as this is a situation impacting all hospitals here in Boston, throughout the nation and across the globe. We also have been communicating with everybody we can – the American Hospital Association, our Senate delegation, leadership in Congress, the Food and Drug Administration directly – to let them know what a big deal this is and how important it is that they respond to the critical situation."

The MGH activated its Hospital Incident Command System (HICS) in early August after an outbreak of African swine fever occurred in China, drastically reducing its pig population. Heparin – an anticoagulant most often used to decrease blood clotting during heart surgeries, dialysis and blood transfusions – is derived from pigs.

*(Continued on page 4)*

# 2019 AMMP Scholarship honors 20 recipients

**TWENTY MGH STAFF MEMBERS** were awarded this year's Association of Multicultural Members of Partners (AMMP) Scholarship. The scholarship fulfills the mission of AMMP by giving its members the opportunity to achieve their educational goals and advance their careers within the MGH and Partners HealthCare.

"Take advantage of the opportunities and always say yes," said Neilda Alves, a past AMMP scholarship recipient who completed her MBA and has now advanced in a new role as practice manager in Internal and Specialized Healthcare Services. "Don't be afraid to ask questions and get out of your comfort zone."

The 2019 recipients were honored at a luncheon in the MGH Trustees Room Sept. 12. They are:

- **Mimi Adams,** Internal Medicine Associates
- **Asha Abdullahi**, OR
- **Gemima Augustin**, Cancer Center
- **Gisel Dannehl**, Neurology
- **Abdullah Furqan**, Neurology Resident Clinic
- **Harriette Green, RN,** White 7
- **Nelson Gicana,** Radiology
- **Altrecia Henry,** Medical Education
- **Brenda Kashi, RN,** Cardiology/ Pediatric Primary Care Group
- **Lisa Leung-Tat,** Cancer Center
- **Elioukenda Limose,** Transitional & Clinical Research Center
- **Adriana Mocan,** Medical Interpreter Services
- **Anais Morales-Ortiz,** Nuclear Cardiology
- **Saida Mourad,** Emergency Department
- **Nadege Nortelus,** OR
- **Emily Ortiz,** Integrated Care Management Program
- **Rosa Pineda,** Center for Comparative Medicine
- **Shantal Rizk,** MassGeneral Hospital for Children
- **Chun Su,** Emergency Department
- **Gwendolyn White,** Cancer Center

"Benjamin Franklin said it best, 'An investment in knowledge pays the best interest,'" said Sandra Thomas, AMMP Scholarship Chair. "This solidifies one of the reasons we work so hard to fulfil our lifelong goal of educating ourselves. Never give up and continue to shoot for the moon."

For more information about AMMP or to become a member, visit *apollo.massgeneral.org/ammp/* or email *phsammp@partners.org.* ■

# Technology Today: *Your Source for IS News and Updates*

Keith Jennings, MGH/MGPO chief information officer, discusses recent questions from staff about the hospitalwide upgrade to Windows 10. This article is part of a series of *Hotline* articles about all things IS-related.

### WHY DO WE NEED TO UPGRADE TO WINDOWS 10?

Microsoft support for Windows 7 ends in early 2020, and the upgrade is required to keep our computers current with Microsoft security and feature updates. Also, Windows 10 is required on all Partners standard desktop and laptop computer purchases. Benefits of Windows 10 include faster startup speed, improved desktop layout, customizable user experience and improved security features.

### WHEN WILL MY COMPUTER BE UPGRADED?

MGH/MGPO IS will coordinate Windows 10 upgrades with department and unit leadership throughout the next several months, with the intent to have most computers running on Windows 10 by January 2020. Once your department upgrade has been scheduled, you should receive an internal communication regarding the upgrade process in your area.

To ensure we have sufficient numbers of Windows 7 computers on hand to replace failing devices, we are considering early Windows 10 deployments for departments who are ready to upgrade. If your department is interested in an early upgrade, email *mghwindows10@partners.org* and a member of the team will reach out to you.

### WILL THE WINDOWS 10 UPGRADE DISRUPT MY WORK?

We will deploy Windows 10 to all areas, replacing older computers and adding memory to existing Windows 10-compatible computers when necessary. Our intent is to keep all floors, units and practices on Windows 7 until we can schedule an upgrade to Windows 10 for the entire location.

When our team arrives in your location, we will try to be as minimally disruptive as possible. We appreciate your flexibility and patience during the upgrade process.

### WILL ALL APPLICATIONS I USE NOW ON WINDOWS 7 BE AVAILABLE ON WINDOWS 10?

For the Windows 10 project, applications on Window devices have been characterized as "Partners Applications" or "departmental applications."

- **Partners Applications** are launched from the Partners Applications menu and are certified for use on Partners standard Windows computers in joint efforts with Partners IS and enterprise or site-based application owners. The Partners Windows 10 team has already been working with application teams to test Partners Applications on Windows 10. We are wrapping up testing efforts to ensure Partners Applications will run on Windows 10 when it is deployed in your area.
- **Departmental Applications** are purchased, developed and/or installed by your department, but unknown to MGH/MGPO IS. These applications are often accessed by the Windows Start menu, desktop shortcuts or browser favorites, and are not included in the Partners Applications testing effort. Examples of third party departmental applications include Adobe Pro, Crystal Reports and Microsoft Project. You will need to reinstall departmental applications using the appropriate installation disks, files and/or licenses following the Windows 10 upgrade.

### HOW DO WE TEST DEPARTMENTAL APPLICATIONS?

To avoid unexpected issues with the Windows 10 upgrade, your help is needed to identify and test your departmental applications. To test these, we ask that the person in your department who purchased or developed the application enroll in the Windows 10 Pilot Program to set up a Windows 10 computer for testing at *https://win10pilot.partners.org*.

### WILL MY DOCUMENTS AND FILES BE COPIED OVER TO WINDOWS 10?

The technicians will try to copy files – Word documents, Excel spreadsheets – stored on your C: drive from your Windows 7 system to your Windows 10 system.

However, you should remember that those files should always be stored on your H: drive, SFAs or other network folder locations that are backed up. Your C: drive is not backed up by Partners IS – if files become lost or corrupt or your C: drive breaks down, you will not be able to recover those files.

### WHAT SHOULD I KNOW OR DO BEFORE THE UPGRADE?

- Locate any installation disks and/or licenses needed to reinstall departmental applications after the Windows 10 upgrade, and test these applications.
- Move important files from your C: drive to your H: drive, if possible.
- We also suggest reviewing links presented by the Partners Windows 10 team on *partnershealthcare.sharepoint.com/sites/Windows10/*.

### ARE THERE ANY ISSUES I SHOULD EXPECT AFTER MY COMPUTER IS UPGRADED?

Windows 10 comes with a "Security Baseline" that reduces exposure to malware and other security threats, but may make it harder to install software without help from Partners IS. Contact the IS Service Desk with any issues you encounter on Windows 10 computers.

To avoid unexpected software failures, it is important for each department to test their departmental applications prior to the Windows 10 upgrade. Visit *http://win10.massgeneral.org/* to check on or report the status of departmental applications that are not included in the Partners Windows 10 testing effort.

## Windows 10 resources:

- Visit *http://win10.massgeneral.org/* for Windows 10 resources and tip sheets.
- Visit the Windows 10 Resource Center on SharePoint for articles and checklists on how to prepare for the upgrade.
- Email *mghwindows10@partners.org* with any operational questions regarding the MGH Windows 10 rollout, or if you are interested in scheduling your department's deployment. ■

# *Combating the obesity epidemic*

**THROUGHOUT THE UNITED STATES,** 93 million people are affected by obesity and, in Massachusetts alone, the rate of adult obesity continues to rise – from 10 percent in 1990 to more than 25 percent in 2018. To raise awareness about obesity and help curb this growing epidemic, health care leaders have introduced legislation establishing a statewide obesity task force and pilot care delivery program to increase access to obesity treatment – namely medication, working with a dietitian and lifestyle programs.

Helping to lead this charge is Angela Fitch, MD, associate director of the MGH Weight Center. As part of the Coalition for Action on Obesity – a group of community and state leaders in health care – Fitch has been working with the YMCA and the National Obesity Action Coalition to help improve the health and well-being of Massachusetts residents.

"Thankfully, most employers in Massachusetts cover medication for obesity, which, combined with lifestyle and surgical modifications, lead to better outcomes," says Fitch. "Despite their efficacy, several treatments are still considered by some insurers to be a luxury instead of the necessity they should be."

**ADVOCACY IN ACTION:** Panel members, from left, Melinda Watman, RN, chair of the coalition; Fitch; Tom Hubbard, vice president of Policy Research for the Network for Excellence in Health Innovation; and Caitlin Gibbs, senior director of Health Innovation for the Hockomock Area YMCA

This week, members of the coalition presented, "Prevention, Access to Care and Treatment of Obesity," at the Massachusetts State House in recognition of National Obesity Care Week. They discussed prevention, access and treatment of obesity, and another hurdle contributing to the ongoing epidemic: stigma.

"Obesity is not a disease of character or willpower; rather, it's your body's chemistry," says Fitch. "We strive to teach people the skill power to be successful in managing both the disease and their lifestyle."

When patients combine efforts such as medication with lifestyle, Fitch says, they experience 2-to-5 times as much weight loss success, a central tenant to Fitch's advocacy for coverage of all treatment options for obesity.

The coalition plans to further shape the statewide dialogue on obesity as a chronic treatable disease. By establishing the task force and pilot program, patients will be able to fully benefit from treatment by combining accountability, structure and environmental stimulus control, producing maximum long-term results, Fitch says. ■

## Imaging advances captivate Phillips Society audience

**"IMAGING TOOLS DEVELOPED** at the MGH offer unprecedented insights into diseases and disorders, from chronic pain to cardiovascular disease and neurodegenerative disorders like Alzheimer's," said Bruce Rosen, MD, PhD, director of the Athinoula A. Martinos Center for Biomedical Imaging, at the 14th annual Phillips Society luncheon. Rosen said collaboration across research and clinical spaces is driving this revolution.

The Sept. 6 event celebrated the impact of philanthropy from Phillips Society members. The society represents those who include the MGH in their estate plan – through a will or other planned gift – and those who establish an endowed fund.

"At the Martinos Center, leading physicists, biomedical engineers and chemists come to work with the best doctors in the world on new imaging technology," Rosen said. "The tools they design reveal images that nobody has seen before and directly impact patient care."

One such tool conceived and built at the hospital is functional magnetic resonance imaging (fMRI), which was the first to provide pictures of the living brain in action, without requiring surgery. As the technology evolves, Rosen said, these exquisite pictures spawn new ideas about how our brains are put together, how they grow and even how they can become "plastic" for recovery from stokes.

During the luncheon, O'Neil Britton, MD, chief medical officer and senior vice president, thanked the more than 200 guests and society members in attendance.

"The MGH was built on the commitments of philanthropic support from the community it would serve," he said. "Today, charitable giving from patients, families and employees differentiates the nation's top hospitals. The MGH intends to revolutionize how medical professionals are educated and extend its global impact, but it will take philanthropic support if we want to preserve the legacy of Mass General and the magic that happens here."

**GRACIOUS GIVING:** From left, Britton; Jean Brick, MD, former senior vice president; and Ann Prestipino, senior vice president, Surgery, Anesthesia, Emergency Medicine and Clinical Business Development

# *Flu Haiku Contest*

**ARE YOU A POET** and you know it? In an effort to encourage employees to get their annual flu shot, staff are invited to show off their poetic prowess by submitting a celebration of vaccination for this year's Flu Haiku Contest.

These three-line poems are short, sweet and to the point – much like getting an annual flu shot. Submit a haiku on the contest page on Apollo, the MGH intranet, by Oct. 18. Staff will then vote for their favorite entry. Winning authors will receive a prize.

Need inspiration? Debbie Burke, RN, DNP, senior vice president for Patient Care and

Burke at the MGH Poetry Month event in April.

chief nurse, kicked the contest off with a haiku of her own:

*Just a needle stick*
*To keep you and patients safe*
*Get a flu shot now*

Remember to visit one of the flu clinics or MGH Occupational Health to get a flu shot by Nov. 15. ■

## Register to vote!

**ON SEPT. 24,** the MGH will participate in National Voter Registration Day by hosting an information table from 7 am to 5 pm in the White corridor. The event is sponsored by Physicians for Policy Action, the MGPO, and Nursing and Patient Care Services, with support from the League of Women Voters. Staff, patients and visitors can register to vote in Massachusetts, update their personal information and prepare a voting plan. ■

## Pitch perfect

He is usually catching babies, but on Sept. 18, MGH's chief of Obstetrics and Gynecology showed off his throwing skills at Fenway Park. Jeffrey Ecker, MD, was asked to toss out a pitch before the start of Red Sox vs. San Francisco Giants game in celebration of the mayor's declaration of Mary Ann Vincent Day in the city of Boston. Vincent was a 19th century actress and women's champion for whom the MGH Department of OB/GYN is named today. The Vincent Club, founded in 1892, also raises money for research and fellowship education in the department. "It felt surreal to be standing in the middle of the infield," says Ecker. "Sixty feet felt like 600 feet at the time!"

# *– Heparin shortage*

*(Continued from page 1)*

"We estimate about half the pigs in China have been culled, and since China produces 80 percent of the world's heparin, that creates a problem for everyone else downstream," said O'Neil Britton, MD, chief medical officer and senior vice president. "We certainly would like to avoid any disruption in our operations and as you can imagine, heparin and heparin-like products are not optional in many instances, especially in some of the procedures we do here at Mass General."

The hour-long town hall featured updates from several clinical staff members who have been meeting daily to address the shortage, including Russel Roberts, PharmD, Clinical Pharmacy manager, who said the hospital is actively looking at alternatives and new protocols with a goal of establishing a six-month supply of these products on-site to hopefully serve as a buffer during this heparin shortage.

Attendees were invited to ask questions, which were fielded by a panel made up of Roberts; Nancy Wei, MD, endocrinologist and medical director for Clinical Informatics; Colleen Snydeman, RN, associate chief nurse; and Rachel Rosovsky, MD, of MGH Hematology/Oncology.

The town hall was livestreamed and a video of the session is available to MGH staff by visiting the heparin site on Apollo, the MGH intranet. The site also includes the latest information, practice updates, service lead contacts, inventory charts and frequently asked questions for patients.

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10.08.13

# MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

READY, SET, RACE: The Medicine in Motion team – which includes MGH staff [illegible]

# 'Tri-ing' to reduce burnout

## *New nonprofit promotes wellness, giving back*

**IN THE EARLY MORNING HOURS** of Sept. 15, neonatologist Michael Prendergast, MD, finished an overnight shift in the MGHfC neonatal intensive care unit, jumped into a waiting car and headed to the Buzzards Bay Triathlon, where he took first place honors in his age group – and secured an 11th place overall title – in the 1/3-mile swim, 14-mile bike ride and 3.1-mile run.

"Changing from my scrubs into my triathlon suit, I essentially switched from being part of one extraordinary MGH team – who care for patients, families and each other – to joining an equally impressive group of MGH students, residents and attendings who are members of the Medicine in Motion group," says Prendergast.

The Medicine in Motion group – comprised of medical professionals from throughout the Boston area – was established *(Continued on page 4)*

Photo courtesy of NASA

## 3, 2, 1...Blast off!

**NASA ASTRONAUT JESSICA MEIR, PHD,** is now among the stars following her Sept. 25 spaceflight to the International Space Station from the Baikonur Cosmodrome in Kazakhstan. Meir, pictured far right aboard the space station, worked as an assistant biologist in the MGH Department of Anesthesia, Critical Care and Pain Medicine before she was selected as a member of the 2013 NASA astronaut candidate class.

During her six-month mission, Meir will perform experiments in biology, biotechnology, physical science and Earth science in the space station's microgravity laboratory.

Meir's MGH colleagues – including mentor Warren Zapol, MD, anesthetist-in-chief emeritus, inset at left – watched the launch via livestream while sporting T-shirts with Meir's mission logo. Staff throughout the hospital also posted congratulatory messages for Meir on Apollo, the MGH intranet. Well-wishes can continue to be added by visiting *apollo.massgeneral.org/jessica-meir.*

# RESEARCH ROUNDUP

### Does burning the midnight oil make it harder to burn fat?

A new study by researchers at MGHfC found that adolescent sleep timing preferences and patterns are risk factors for obesity and cardiometabolic health, and that these effects are greater in girls.

The team, led by Elsie Taveras, MD, MPH, chief of the Division of General Pediatrics, studied the chronotypes – evening versus morning preferences – and social jet lag – differences in sleep timing between school and free days – of 800 children ages 12 to 17.

They found that teenagers who go to bed late but get up early for school had higher waist circumference and greater abdominal fat deposition than those who go to bed early and get up early. Those with higher levels of social jet lag were also at an increased risk.

Parents can help to counteract these effects by encouraging regular sleeping schedules. Schools could allow more time during the day for academic and athletic activities that often extend into the evening, and physicians can discuss the importance of regular sleep with their patients, the researchers say.

### EEG readings can help in diagnosing delirium

Delirium is an acute and fluctuating disturbance of attention and awareness that is associated with dementia, dependence and death, but commonly goes unrecognized.

While clinical tools with standardized questions are commonly used to measure delirium, they involve subjective evaluation of a complex neurologic condition, which can cause disagreement even among experts in the field.

A research team led by Eyal Kimchi, MD, PhD, of the Department of Neurology, demonstrated that EEG scans can be a valuable and objective biomarker for detecting delirium in patients and predicting adverse outcomes.

In a study of 200 patients, the team found the generalized slowing of brain rhythms – shown as abnormal theta or delta waveforms on a routine clinical EEG – were associated with longer patient hospitalizations, worse functional outcomes and increased mortality.

"There is growing concern that delirium severity is associated with worse prognosis, and our study provides for the first time hard clinical data that allows physicians to quantify, track and predict patient outcomes in a more accurate way," Kimchi says.

### A 'super cool' method for improving donated liver preservation

Currently, a donor human liver is kept safely for about nine hours outside the body – if it can be stored on ice in a preservative solution at temperatures ranging from 39-46 degrees Fahrenheit – before the tissues become irreparably damaged. At subzero temperatures, the organ would survive longer, but freezing causes serious damage.

MGH Center for Engineering in Medicine researchers Reiner J. de Vries, MD, Shannon N. Tessier, PhD, and Korkut Uygun, PhD, have developed a new method for supercooling human donor livers to subzero centigrade temperatures – without freezing – that can triple the time a donor organ stays safe and viable.

The extra time could mean the difference between success and failure of a liver transplant and reduce the gap between patients in need of a transplant and the number of available donor organs.

## Community contributions

**ON SEPT. 17,** the Committee for Latino Initiatives hosted the annual Ernesto González Award Breakfast at the Paul S. Russell, MD Museum of Medical History and Innovation.

The award, named for dermatologist Ernesto González, MD, honors those who make outstanding contributions to the Latino community at the MGH and beyond. It is given each year during Latino Heritage Month, which runs from Sept. 15 - Oct. 15.

This year's award honorees were Yakeel Quiroz, PhD, left, director of the Familial Dementia Neuroimaging Lab, and Martha Muniz, right, clinical research coordinator in the Department of Neurology.

González, at center, reflected on the award named in his honor, saying, "The honor bestowed on me in 2005 continues to grow and continues to be more significant as it honors others who bring so much to this community." ■

## *Nathaniel Bowditch Prize: A call for nominations*

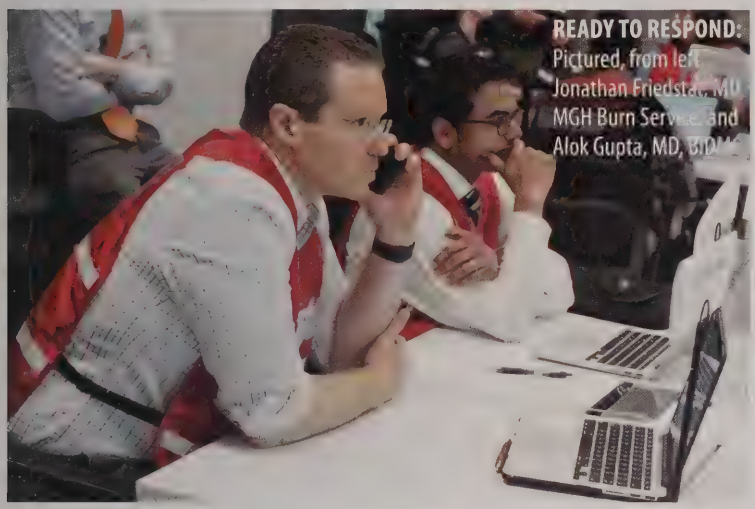
**NOMINATIONS ARE NOW** being accepted for the 2020 Nathaniel Bowditch Prize. The $5,000 prize is awarded each year by the MGH Board of Trustees to any person or team – clinical or nonclinical – who has made a significant contribution to improving quality of care at the MGH while reducing the cost of such care.

The award was established by Charles and Nancy Munger through the Alfred C. Munger Foundation to honor Nathaniel Bowditch – a pioneer in celestial navigation – and his family, who were key players in the hospital's early days of operation.

Nomination forms can be found under "Bowditch Nomination Form 2020" in the A-Z Directory on Apollo, the MGH intranet. All nominations should be submitted by Nov. 15 to *BowditchPrize@partners.org,* or delivered to Andrew Warshaw, MD, chairman of the selection committee, Bulfinch 370C.

# *Teams prepare for disaster in 'Operation Minute's Notice'*

**ON THE FIRST MORNING** of an imagined two-day music festival, disaster struck for the 27,000 people who had gathered on the festival grounds. In a series of unfortunate events – a spark from a cigarette, a propane tank leak, a food truck explosion – the crowd was engulfed in a fireball and thousands of people incurred severe burns and trauma injuries. First responders rushed to the scene and patients were transported to local hospitals. Those hospitals were quickly overwhelmed, and many of the injured required higher levels of care.



**READY TO RESPOND:** Pictured, from left, Jonathan Friedstat, MD, MGH Burn Service, and Alok Gupta, MD, BIDMC

Such was the scenario for "Operation Minute's Notice," a Regional Disaster Health Response System (RDHRS) training exercise led by the MGH on Aug. 27. The exercise examined ways that hospitals can work together during a disaster to share clinical expertise and resources to provide the best care for patients.

"Even though scenarios like these are rare, they are possible, and our health care system needs to be ready to respond," said Paul Biddinger, MD, director of the MGH Center for Disaster Medicine. "Our top priority is that, in a truly catastrophic event where hospitals become overwhelmed, we can work together to share resources and expertise to save lives."

The exercise was an opportunity to evaluate work completed as part of a demonstration project grant awarded to the MGH in 2018 by the U.S. Department of Health & Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR). Through this project, ASPR is supporting partnerships that address health care preparedness challenges, establish best practices for improving disaster readiness across the health care delivery system and show the potential effectiveness and viability of a RDHRS – a network of health care partners working together to support optimal disaster planning and response.

Working with a number of hospitals and health system partners from across the state, the exercise explored concepts such as deploying teams of medical personnel to respond to the site of a disaster, connecting local medical providers with clinical expertise via telemedicine, and coordinating the transport of patients to other hospitals to avoid overwhelming any one facility.

"This time last year, the concept of a Regional Disaster Health Response System didn't yet exist," Biddinger said. "We have much work left to do to formalize these processes and make them available to the region, but there is certainly promise for our partnership, and others like it, to fill in the current gaps if an event were to happen in the future. I am confident that this pilot phase has been successful in improving our overall disaster preparedness and health care response capabilities."

The Center for Disaster Medicine team – which recently was notified the pilot program would continue for a second year – will now build upon the successes and lessons learned from this exercise and the past year of research to expand the partnership throughout New England. ■

**EXERCISE PARTICIPANTS:**

Along with the MGH, the exercise included experts from the American Burn Association, local public health and EMS leaders, and observers from other New England states, HHS ASPR and the Biomedical Advanced Research and Development Authority.

**Participating RDHRS Member Hospitals:** Baystate Medical Center in Springfield, Beth Israel Deaconess Medical Center (BIDMC), Boston Children's Hospital, Boston Medical Center, Brigham and Women's Hospital, Tufts Medical Center and UMass Memorial Medical Center in Worcester.

**Community hospitals:** Morton Hospital, Good Samaritan Hospital, Brockton Hospital, Sturdy Memorial, Brockton VA, St. Anne's Hospital, Brigham and Women's Hospital Urgent Care, St. Luke's and Beth Israel Deaconess Medical Center Plymouth. ■

## New lab: A meeting of the minds to improve chronic lung diseases

**BOLSTERED BY THE SUPPORT** of more than $30 million, researchers at the MGH are now teaming up with colleagues at Brigham and Women's Hospital and the German pharmaceutical company Bayer AG to study new drug options for chronic lung diseases.

The joint Pulmonary Drug Discovery laboratory launched late last month boasts not only the financial investment from Bayer, but the brain power from all three organizations, with a goal of advancing treatments for patients in the next five years.

One leader of the new lab is Benjamin Medoff, MD, chief of the MGH Division of Pulmonary and Critical Care Medicine. Medoff says the new lab will focus primarily on chronic obstructive pulmonary disease (COPD), an inflammatory illness that obstructs airflow from the lungs and affects about 65 million people worldwide. Another area of interest is idiopathic pulmonary fibrosis (IPF), a condition for which a definitive cause often cannot be found. IPF causes progressive scarring of the lung tissue and leaves many patients with a life expectancy of less than five years.

"I've seen the suffering these diseases cause in my patients, and all too frequently there is very little I can do to relieve their symptoms or slow the pace of their disease," says Medoff. "Anything that can bring new therapeutics into the clinic will be of huge benefit. This collaboration capitalizes on our scientific strengths, which will hopefully lead us to the cutting edge of new treatments."

The new lab will employ about 20 scientists and will be located in Boston's Longwood Medical Area.

# Open Enrollment 2020: Check out Ask *my*HR

**ASK MYHR** is a 24/7 online portal to access Human Resources information and is the destination for the 2020 Open Enrollment materials. From Oct. 28 - Nov. 13, staff will have the opportunity to make changes to their medical, dental and vision plans as well as life insurance coverage. Ask *my*HR will provide benefit plan summaries, videos, cost information and other resources to help staff and their families make decisions about their 2020 benefits.

**Need help?**
Click "Make a Request" to submit a question to the Support Center team. Or, to speak with a member of the HR Support Center team, call 1-833-Ask-MyHR (1-833-275-6947).

Staff can access Ask *my*HR from work or home, from a PC, tablet or mobile phone. When outside the Partners network, staff can use their Partners username and password – along with a security code sent to their mobile phone or device – to access Ask *my*HR.

**Did you know?**
Ask *my*HR is more than just benefits. It also is home to the Employee Perks Program, which offers discounts and programs from retailers in the Boston area and beyond. With a mix of online ticket sales, in-person discounts and online programs, Perks includes everything from seasonal activities and museums to home and financial services.

How Can Ask myHR Help You?
• Review your benefit options
• Quickly search by topic
• Submit easy, online requests
• Learn about Employee Perks

Your 24/7 home base for all HR info and inquiries: www.AskmyHRportal.com

# – *Medicine in Motion*

*(Continued from page 1)*

two years ago by four Harvard Medical School (HMS) students whose mission was to address medical burnout through fitness, community building and philanthropy. Last summer, it was designated as a national nonprofit and was given the 2019 HMS Dean's Community Service Award.

"We want people to really focus on their own wellness and fitness because you have to take care of yourself so you can do what's best for your patients," says Logan Briggs, a third-year resident and co-founder of Medicine in Motion, who placed first in his age group and took third place overall honors in the event. "We strive to incorporate people from all different areas of the hospital – not just physicians – because an interdisciplinary culture will facilitate better relationships with staff and ultimately better patient care. Meeting new people also is such an important part of the human psyche, and it's another great way to address burnout."

Briggs and Prendergast were two of the 36 Medicine in Motion teammates who competed in last month's triathlon. The group is open to people of all athletic abilities – from entry-level newcomers to seasoned competitors, Briggs says. And, it complements the work of the newly established MGH Center for Physician Well-being – launched last June – which promotes a culture of well-being and professional fulfillment.

"The MGH is a leader in so many things, and physician burnout is an important topic of conversation," Briggs says. "It's so important to keep your fitness level up and get your mind off all the stress and responsibility that goes along with a career in medicine. We're hoping to spread that mindset and we'd love for more people to join us."

For more information about Medicine in Motion, visit *https://medmotion.org/*. ■

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# Rockin' ribbons

**RELATIVE NEWCOMERS** and seasoned hospital veterans were recognized Oct. 11 at the annual Ether Day Celebration. The event – which occurs on the Friday closest to the anniversary of the first successful public demonstration of surgical anesthesia at the MGH on Oct. 16, 1846 – celebrates the service milestones of employees in increments of five years. This year, 3,652 employees were honored – with 27 of those individuals celebrating 50, 55 or 60 years of employment.

"As I walk around the hospital today, I am struck by the number of pins and ribbons I see," said Jovita Thomas-Williams, senior vice president for Human Resources. "It highlights the love and passionate commitment employees have for MGH."

The Ether Day Dancers once again marked each momentous milestone by dancing to each year's top hit. Featuring tunes by Pitbull, Ricky Martin, R.E.M. and Michael Jackson, the talented dancers from Human Resources and Buildings and Grounds Twisted and Shouted, Guitar Boogie Shuffled, YMCA'd and Tootsie Rolled to the delight of all attendees.

MGHers celebrating milestones of 20 years or more also were invited to attend a special Ether Day Dinner Oct. 16.

View all the honorees and event photos on Apollo, the MGH intranet, at *apollo.massgeneral.org/etherday.* ■

## Pink Power Pop-Up pleases patients

**THE MGH'S** Avon Foundation Comprehensive Breast Evaluation Center – on the second floor of the Wang Building – installed its inaugural Pink Power Pop-Up Art Exhibition Oct. 8 in recognition of Breast Cancer Awareness Month. The display features the work of Boston-based artist Liz Roache, a breast cancer survivor who was treated at the hospital, who understands the importance of a welcoming waiting room.

"We are thrilled to have Liz's work on display for our inaugural pop-up exhibition," says Helen Anne D'Alessandro, MD, staff radiologist and curator of the Avon Breast Center Art Collection. "Liz's sense of color and design are incredibly bright, uplifting and cheerful and will help us in our mission to create a more healing and caring environment for our patients and staff."

Established in 2002, the Avon Breast Center Art Collection typically showcases art purchased from the School of the Museum of Fine Arts at Tufts University during its annual fundraiser. "We always wanted to host a solo exhibit featuring a local artist, and since pop-up exhibits have become an emerging trend in the art world – as well as in Boston – it made sense for us to try this format," says D'Alessandro. "I discovered Liz's work by chance while visiting the Boston Design Center and was drawn to her beautiful prints and fantastic use of color."

Roache was a student and colleague of Ati Gropius Johansen, the daughter of Walter Gropius who founded the Bauhaus movement, an influential modernist art school and design movement in the early 20th century.

Her exhibit features five pieces, including a large flower collage entitled "Joy," and "Beautiful Couples," a series of paired colors which complement each other.

"The aim was to celebrate the beautiful power of pink in a very joyful way," says Roache. "I chose the pieces to help lighten the air as well as the experience of waiting in a hospital's waiting room – kind of like hopeful windows of optimism. I structured this so each work

*(Continued on page 2)*

# Easing accessibility to navigate the MGH

**THE MGH OFFERS** several disability resources to assist patients, staff and visitors navigate the hospital, including wheelchair lifts, video phones and sign language interpreters for deaf patients, screen reader software for visually impaired patients, accessible shuttles, patient escorts and information desks staffed by volunteers.

In recognition of October as national Disabilities Awareness Month, the Maxwell & Eleanor Blum Patient and Family Learning Center and the MGH Council on Disabilities Awareness hosted an Oct. 10 Physical Accessibility Panel, featuring representatives from the MGH Disability Program, Volunteer Services and Partners HealthCare Transportation Services.

"Everyone from these departments has gone through trainings to work with patients with disabilities," said Zary Amirhosseini, Disability Program manager in the Office of Patient Advocacy. "We want to make sure all of our staff is sensitive to the needs of our patients."

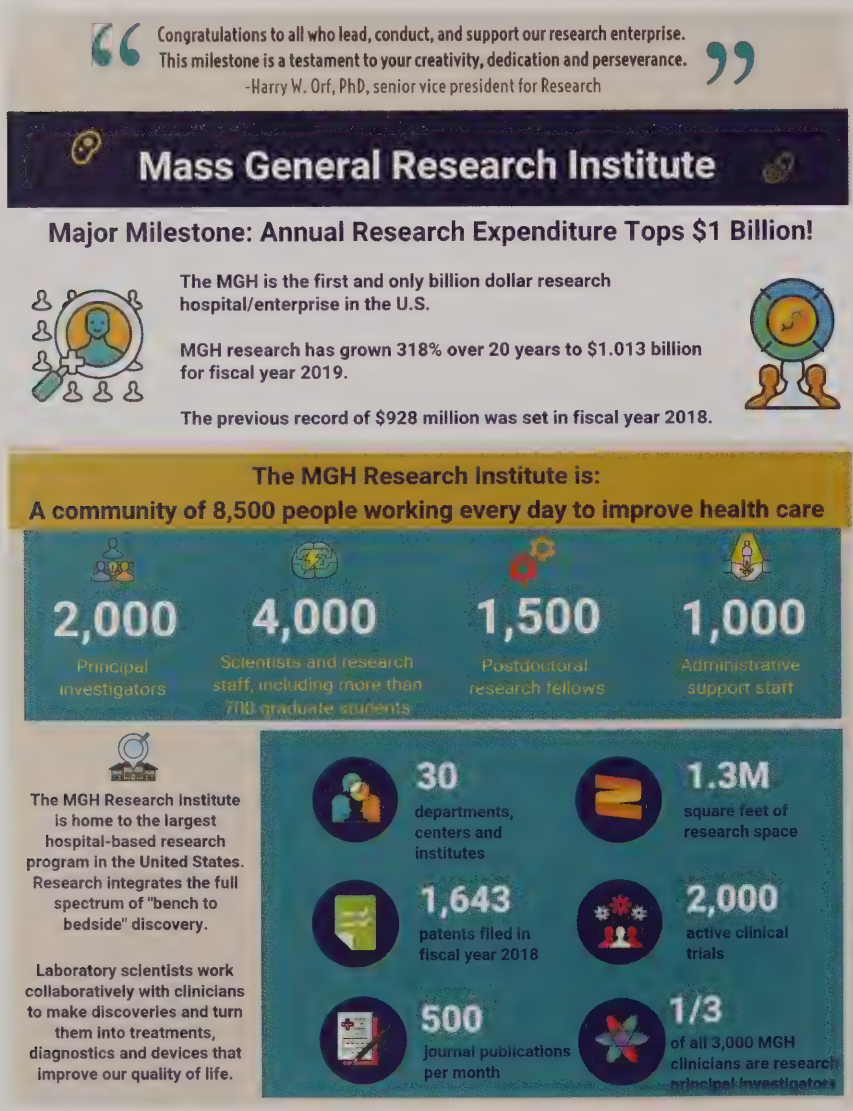
The MGH Council on Disabilities Awareness aims to create a safe, welcoming, comfortable and inclusive environment for all members of the MGH community. The group works closely with Amirhosseini and other departments to continue to identify and address areas of improvement.

"Sometimes things come up as the result of a patient experience that we may not have known about before," said Amirhosseini. "Our job is to advocate on behalf of our patients to make services available to more easily accommodate their visits."

The council also hosted a Disability Awareness Month table Oct. 15 in the White corridor, with information and resources about accessibility, service animals and details about the Blum Center's Assistive Technology Center.

"I would like to emphasize that if you have a disability, call MGH Registration and Referral Services and self-identify as having a disability," said Amirhosseini. "This allows us to be more proactive in advance of your visit and gives us the opportunity to make sure accommodations are ready for your visit. Know that you can ask for reasonable accommodation for yourself when needed."

Visit *www.massgeneral.org/visit/accessibility/* for more information. Staff also can visit Apollo, the MGH intranet, at *apollo.massgeneral.org/accessibility/* for a complete list of resources and equipment. ■


Congratulations to all who lead, conduct, and support our research enterprise. This milestone is a testament to your creativity, dedication and perseverance.
-Harry W. Orf, PhD, senior vice president for Research
Mass General Research Institute
Major Milestone: Annual Research Expenditure Tops $1 Billion!
The MGH is the first and only billion dollar research hospital/enterprise in the U.S.
MGH research has grown 318% over 20 years to $1.013 billion for fiscal year 2019.
The previous record of $928 million was set in fiscal year 2018.
The MGH Research Institute is:
A community of 8,500 people working every day to improve health care
2,000 Principal investigators
4,000 Scientists and research staff, including more than 700 graduate students
1,500 Postdoctoral research fellows
1,000 Administrative support staff
The MGH Research Institute is home to the largest hospital-based research program in the United States. Research integrates the full spectrum of "bench to bedside" discovery.
Laboratory scientists work collaboratively with clinicians to make discoveries and turn them into treatments, diagnostics and devices that improve our quality of life.
30 departments, centers and institutes
1.3M square feet of research space
1,643 patents filed in fiscal year 2018
2,000 active clinical trials
500 journal publications per month
1/3 of all 3,000 MGH clinicians are research principal investigators

## – Pink Power Pop-Up

*(Continued from page 1)*

plays off 'Joy.' 'Beautiful Couples' was chosen not just for its uplifting color combination, but because I know there are a lot of couples that come to the waiting room together. Additionally, I custom-created the three-color studies nearby to fit right with the others in color and spirit."

D'Alessandro says she has already received a fantastic reaction from patients, families and staff. "As breast imagers, the visuals we interpret daily are black, white and shades of gray, so the burst of color on our walls is a welcome diversion."

Roache says she will donate 25 percent of the proceeds from each piece sold to the center.

'JOY'

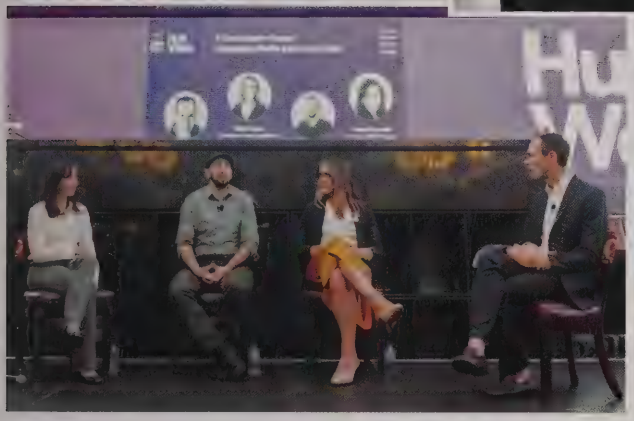
"I am completely honored to have my work on display at the very place I was treated for breast cancer and still continue to come to for care," she says. "If I can give a patient even one moment's break in what can be a serious and confusing time, then that would be my whole point of having my artwork there. My experience being treated at MGH was one of real hope." ■

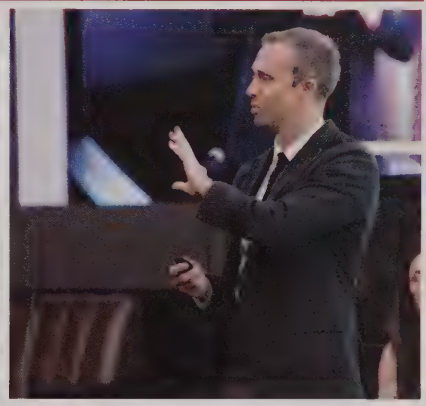
## HubWeek 2019:
## Safe space, accessible space, outer space

**THE MGH JOINED** Harvard University, MIT and *The Boston Globe* to host the fifth annual HubWeek, a yearlong civic collaboration and ideas festival. For the first time, Boston's Seaport was home to the event, which featured panel discussions, parties and an escape room.

MGH clinicians were panelists and presenters during the Oct. 1-3 programs. "Bodies in Space" featured Jonny Kim, MD, a NASA astronaut and former MGH Emergency Medicine resident. Clinical experts from the MGH Transgender Health Program discussed pathways to "A More Inclusive Future" during a transgender health and health policy panel. The MGH Aspire Program highlighted the benefits of a neurodiverse workforce, and Think:Kids helped audiences understand how to change behavior. Another MGH program covered hopeful approaches to rare genetic diseases.

For more information, visit *www.hubweek.org.* ■





**FALL IS KNOWN AS** the season of the harvest – and this was evident earlier this month at the MGH/North Shore Center for Outpatient Care. MGH Buildings and Grounds staff plucked dozens of pears from the famous denizen of Danvers, the centuries-old Endecott Pear Tree, known as the oldest-living fruit tree in North America. The tree is named for John Endecott, who served as governor of the Massachusetts Bay Colony in the 17th century. MGH/North Shore is built on Endecott's original farm. Elena Sierra, RN, executive director for MGH/North Shore, says the pears are not what is found in today's grocery stores. "They're small and hard and were originally used to make brandy in the 1600s."

## Fill 'em up

**THE MGH HAS INSTALLED** an ADA-compliant water bottle fill station at the exit of the Eat Street Cafeteria. "We are extremely excited to introduce this new unit," says Joan Shea, director of Nutrition and Food Services. "This is one of the many steps the hospital is taking to becoming more environmentally friendly. We hope that staff and patients find this to be an excellent resource to help us reduce the use of plastics throughout the hospital."

10·18·19

MGH HOTLINE

**NOMINATE**

YOUR COLLEAGUES OR CO-WORKERS FOR THE 2019

PARTNERS HEALTHCARE EXCELLENCE AWARDS

# Partners in Excellence Awards

## NOMINATION CATEGORIES:

**COMMITMENT TO AN EXCEPTIONAL PATIENT EXPERIENCE**

Providing quality, coordinated and compassionate care

**OPTIMIZING COLLABORATION**

Among and across individuals, teams and the system

**ENHANCING EFFICIENCY**

Achieving outstanding outcomes with resourceful approaches

**ADVANCING INNOVATION & PROGRESS**

Leading the development and implementation of new ideas

**FOSTERING COMMUNITY**

Improving the health and well-being of our colleagues and neighbors

**INTEGRATING DIVERSITY, EQUITY & INCLUSION**

Engaging each other in everything we do and enriching our work environment

**NOMINATIONS DUE OCTOBER 31, 2019**

NOMINATE ONLINE AT: pulse.partners.org/pienominations

For questions, contact Partners Human Resources at 857-282-9743 or partnersinexcellence@partners.org

MASSACHUSETTS GENERAL HOSPITAL

## In another's shoes

**STEP RIGHT UP:** Under the Bulfinch Tent on Oct. 7, the MGH Transgender Health Program hosted the "Walk in My Shoes Experience," made by the creative science team at Playground of Empathy. MGH staff "walked in the shoes of another gender" during the 30-minute experience, gaining more detailed perspectives about patient care.

SPOOKY EDITION
Coming October 25, 2019
Be sure to check out next week's special MGH Hotline Halloween edition. It promises to be hauntingly good!

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MGHHOTLINE
OCT. 25, 2019 | SPOOKY EDITION

**MYSTERY MEMORABILIA:** Bewitched bottles, a skull, haunted hands rising from the Earth – these are some of the mysterious items that have transformed the Bulfinch Building into a spooky scene this Halloween. What are these historical artifacts? Guess what they may once have been, then turn to pages 4 and 5 to learn more.

ILLUSTRATION: Lindsey Ruane, MGH graphic designer

# FIGHTING FEAR WITH MINDFULNESS

Clowns (coulrophobia). Spiders (arachnophobia). Heights (acrophobia). Fear of blood (hemophobia). For some people, mere mention of one of these can increase heart rate and cause shortness of breath.

One of the most common ways to treat these fears and other anxiety disorders is through exposure therapy, where patients face their anxiety in a safe environment until it no longer elicits fear, so they can better regulate their emotional responses. To do this, the person must first create a "safety memory" and link it to the root of the anxiety. They then recall this safe memory when in a fearful situation to help break the anxiety habit.

A recent study by MGH researchers shows how mindfulness meditation can be effective for exposure therapy because it involves experiencing the present moment with an open, curious and nonreactive mind.

"Mindfulness may improve emotion regulation by changing the way our brain responds to what we are afraid of, reminding us it is no longer threatening," says the paper's first author, Gunes Sevinc, PhD, investigator in the MGH Department of Psychiatry. (*Continued on page 3*)

"Mindfulness may improve emotion regulation by changing the way our brain responds to what we are afraid of, reminding us it is no longer threatening."

**Gunes Sevinc, PhD**
MGH Department of Psychiatry

# THE TELL-TALE HEART: COLD HEART FACTS FROM THE EXPERTS

In Edgar Allan Poe's tension-filled short story "The Tell-Tale Heart," the narrator thinks he can hear the still-beating heart of his neighbor after he has murdered the old man in his home. Readers can debate whether it is paranoia or the narrator's own racing heartbeat ringing in his ears, but it begs the question: Can the heart beat outside the body?

And what about the front yard frights around every corner this year? Can a person be scared to death? The answers are clear when it comes to cardiology. Read on – if you dare – as we delve into these questions and more.

**Q: Can the human heart beat outside the body?**

A During a heart transplant, when the organ is removed from a donor, it can continue to beat for a few seconds – if it has oxygen – since it has its own electricity system. The donor heart is placed on ice and transported to the recipient's location. In these situations, we do not want the heart on ice for more than four to six hours. Once we put the donor heart into the recipient's chest and sew all the major vessels together, the new heart spontaneously starts beating as soon as the recipient's blood flows through it.

**Nasrien Ibrahim, MD**
Heart Failure and Cardiac Transplant

**Q: Can you bring someone back to life after the heart has stopped?**

A The short answer is yes. There are many instances in which a patient's heart will stop due to certain underlying medical issues. This is known as asystole. Using advanced cardiovascular life support (ACLS), we are able to successfully resuscitate a certain percentage of patients. Many of these patients will go on to have little to no issues. However, there are situations in which patients cannot be resuscitated successfully, owing to the advanced state of their medical conditions. Fortunately, every medical provider at MGH is trained in ACLS and has the ability to bring people back to life, even after the heart has stopped.

**Darshan Doshi, MD**
Interventional Cardiology

**Q: Can a serious scare cause the heart to stop beating?**

A Yes. Stress cardiomyopathy, also known as Takotsubo or broken heart syndrome, can occur suddenly after an emotionally or physically stressful event like a scare or even a good surprise. It is thought to occur from a sudden surge of adrenaline that can then cause your heart muscle to weaken. This presents like a heart attack, but there are typically no major artery blockages. As a result of the stress, your heart can develop a rhythm abnormality and ultimately stop beating. This syndrome most often occurs in post-menopausal women and fortunately the effects on the heart muscle are reversed with time.

**Nandita Scott, MD**
Corrigan Women's Heart Health Program

# TIPS FOR A GHOULISHLY GOOD TIME

## SAFETY

Pedestrian injuries are the most common injury to children on Halloween night. Parents can help their children be safe by ensuring they wear light and bright costumes with reflective material or tape and have flashlights with fresh batteries. Parents should always accompany younger children during trick-or-treating, and always travel in groups on well-lit streets or sidewalks. Trick-or-treaters should only visit well-lit homes and avoid taking candy or treats from people on the street or in cars.

- Michael Flaherty, DO, MassGeneral Hospital for Children (MGHfC) critical care physician and injury prevention researcher

## NUTRITION

Halloween is centered around scares and sweets, but parents should be mindful when it comes to candy. The haunted holiday is a special occasion, so a few extra bites are understandable. Opt for popcorn snack bags, wrapped fig bars and trail mix bags, but be thoughtful of food allergies and ask a child's parent before handing out nut-based products. Consider donating the acquired candy to charitable military programs that ship care packages to deployed troops. Dental offices and police stations often host exchanges where candy is swapped with toothbrushes, coupons and monetary incentives.

- Stephanie Harshman, PhD, RD, LD, research fellow in the Neuroendocrine Division and clinical dietitian at MGHfC

## CULTURALLY CONSCIOUS COSTUMING

The spirit of Halloween is to have fun and take on a different character, like an astronaut or Elmo. Parents should be mindful, however, when costuming their child and avoid choices that could hurt or harm others. Some costumes have a distinctive style that borrows from a particular culture. It is important to respect that culture's origin, story and garb while refraining from devaluing their history. Everyone has a unique background and we need to respect this.

- Deb Washington, PhD, RN, Diversity Program, Nursing & Patient Care Services

## FOOD ALLERGIES

The pillars of food allergy management are prevention and preparedness. These must always be in place, especially on Halloween. Don't be tricked by treats. "Mini candies" may have different ingredients than larger versions, so parents should read each specific label. It can be hard investigating on the go, so consider waiting to eat candy until there is an opportunity to read labels and wash hands. Be prepared for a possible reaction – an epinephrine auto-injector should be kept in the hands of a trained person who can administer it and have a cell phone readily available. Discuss your child's food allergies with your group so they can help monitor.

- Michael Pistiner, MD, director of Food Allergy Awareness, Education and Prevention, MGHfC Food Allergy Center

## SENSORY SENSITIVITIES

Halloween can be a fun holiday but also challenging for many children with autism spectrum disorder. Preparation can help make Halloween as successful as possible. Preview what to expect and practice interactions such as saying, "trick or treat" and "thank you." Have your child try on their costume ahead of time to make sure they feel comfortable and have time to get used to it and consider a costume that fits over their regular clothing. On Halloween, know your child's limits and start slow. Bring coping items to support their needs if they feel overwhelmed, such as noise canceling headphones, a flashlight and a change of clothing.

- Rachel Goldin, PhD, psychologist in the Lurie Center for Autism

CONTINUED FROM PAGE 1

## FIGHTING FEAR WITH MINDFULNESS

"Fear and anxiety have a habitual component to them – the memory of something that provoked fear in the past will trigger a habitual fear response when we are reminded of the event, even if there is no direct threat at the present," says Sara Lazar, PhD, of the MGH Psychiatric Neuroimaging Research Program, senior author of the study. "The data indicates mindfulness can help us recognize some fear reactions are disproportional to the threat, and reduces the fear response to those stimuli."

While future studies are needed to determine if similar changes in brain activation occur using threatening stimuli that trigger panic or PTSD, the findings further encourage the practice of mindfulness to combat otherwise stressful situations which, for some, may regularly impact their daily lives.

# LOST AND FOUND:
## INTERESTING ITEMS FROM THE MGH ARCHIVES

The mystery mementos pictured on and around the Bulfinch Building illustration on page 1 are hospital artifacts from the MGH Archives and Special Collections, part of the Paul S. Russell, MD Museum of Medical History and Innovation. Learn more about these artifacts and other historical paintings, photographs, medical equipment and instruments online at *russellmuseum.org* or visit the free Russell Museum at 2 North Grove St. weekdays from 9 am – 5 pm.

**Bronze Cast of Hand**

The bronze cast is of Dr. Harvey Cushing's right hand, with an engraving on the bottom of the wrist, "Dr. Cushing Oct. 23, 1922." Cushing – who completed his internship at the MGH and is regarded as the father of modern neurosurgery – made it his hobby to collect plaster casts of the hands of great surgeons.

**Amputation Kit**

An 1814 amputation kit belonging to Dr. George Hayward contains a brass and steel blade attachment, brass and steel elevator attachment, steel forceps, metal needles and wound wire. Hayward performed the MGH's first major operation with ether, an amputation of the leg of a young girl in 1846.

**Model of Padihershef's Skull**

This model of Padihershef's skull was created in 2013 from thousands of CT images that were digitally edited to remove traces of decayed tissue. The model was 3D printed in several pieces and assembled. The plugs on the model are markers used as guideposts in reconstructing his face. Padihershef is a 2,500-year-old Egyptian mummy gifted to the MGH in 1823 who resides in the Ether Dome.

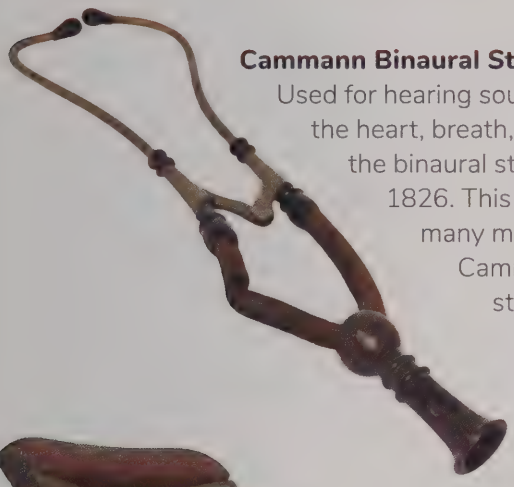
**Gas Mask**

This World War II German gas mask – constructed of khaki/green fabric with a shoulder strap to hold the gas mask in place – was mailed from Lt. Col. Eugene R. Sullivan, who was stationed at the U.S. Army 94th Evacuation Hospital, to Commanding Officer 1st Lt. Major Adjutant Albert W. Rhoades on Oct. 15, 1944. It was considered captured enemy material.

**Rubber Arms for Disaster Drill**
Two left hands and forearms fashioned of molded rubber or plastic depicting a realistic-appearing traumatic injury are thought to have beeen used during hospital disaster drills to simulate injury.

**Bone Saw Brush**
Also known as a trephine brush, this bristled brush from 1870 was used to sweep bone sawdust from a drilled, or trephined, skull.

**Charles Street Jail Jug and Bottle Collection**
A collection of seven earthenware items and two glass bottles circa 1845 were found buried on the grounds of the former Charles Street Jail during the construction of the Liberty Hotel.



**Cammann Binaural Stethoscope**
Used for hearing sounds within the body – such as the heart, breath, intestines and blood vessels – the binaural stethoscope was invented around 1826. This model from 1890 is one of the many modifications of the original 1852 Cammann stethoscope which was the standard of excellence at the time.

**Bigelow Operating Chair**
This surgical operating chair was invented and constructed by Dr. Henry Jacob Bigelow in 1854. The three-part wooden chair has a reclining back, movable leg extension and leather upholstery. Each section has movable parts with ivory and wooden handles to position the patient. Bigelow was a prominent doctor who was appointed Surgeon of the MGH in 1846, a position he held for 40 years.

# SCARING VS. SCARRING: Navigating Halloween Night

## HOW SCARY IS TOO SCARY DURING THE HALLOWEEN FRIGHT SEASON?

*Steven Schlozman, MD, co-director of The Clay Center for Young Healthy Minds at the MGH, offers some guidelines to help make the Halloween season go smoothly for parents and their children.*

Toddlers and school-aged children are still prone to magical thinking and have a hard time distinguishing reality from fantasy. Unless a toddler is uniquely drawn to – and not bothered by – the scarier stuff, stick with cute dog and princess costumes for Halloween.

Grade school-aged children are more likely to embrace the scares, but check in before embarking on an outing to a haunted amusement park. Talk to your child in private, away from friends and siblings. If your child does not want to go to the haunted location, you can offer to help them "save face" by manufacturing a family excuse. Remember that parents need to be the bad guy when kids are feeling pressured. You should also look at the reviews of haunted attractions to give you a sense of whether it is age appropriate.

Middle school-aged children are all about belonging to a group. Just as with grade school-aged children, you can always ask your middle school child in private what they want to do. As a parent, you have the unique ability to help your child escape significant embarrassment. As children get older, they are going to want to go out on their own. If you are comfortable with that, make sure you have a meeting time and a way they can reach you. This will make you and your ghouls feel better.

For older teens, it is about balancing limits and trust. The "trick" part of "trick or treat" is much more appealing to teens. As much as teens look like they are not listening to you, they probably are. And, as much as you may sound like a broken record, you still need to say the same things over and over: "No booze. Drive safely. Stay in touch. Abide by the curfew." At this age, help them say to their friends they aren't going to the haunted warehouse because it just isn't their thing.

There is a distinction between "fun-scared" – the kind of giddy laughter you might hear in a movie theater – and "really scared." If you or your child is feeling really scared on Halloween, then it makes sense to stop whatever activity is creating those feelings. You can and should reassure kids that this is all for fun and no one means anyone any harm, but if your child is miserable, go in the house and watch something happy.

## Be Fit Basics: Spiced Pumpkin Smoothie

**INGREDIENTS:**

- 1 cup low-fat vanilla yogurt
- ¾ cup canned pumpkin (unsweetened)
- 1/3 cup freshly squeezed orange juice*
- 1 tablespoon brown sugar
- ½ teaspoon ground cinnamon
- Pinch of ground nutmeg
- Pinch of ground cloves
- 1 ripe banana

**INSTRUCTIONS:** Combine all ingredients in a blender, along with a ½ cup of ice cubes. Process until smooth. *Substitute Greek yogurt for more protein. *If you do not have freshly squeezed orange juice, you can substitute a bottled or carton variety.*

**NUTRITION INFORMATION PER SERVING:** CALORIES: 240 | PROTEIN: 8 g | SODIUM: 90 mg
CARBOHYDRATE: 51 g | FIBER: 5 g | FAT: 2 g, Saturated Fat: 1 g

Adapted from *Cooking Light* by Emily Gelsomin, RD, LDN, MGH senior clinical nutritionist, co-director Be Fit Wellness Program

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

## Grand Rounds with Nobel Peace Prize winner Leymah Gbowee

**"WHEN WE FOCUS ON PEACE AND JUSTICE,** we cannot just focus on the end of wars and the putting down of arms," said Leymah Gbowee, the 2011 Nobel Peace Prize recipient. "Establishing peace is ensuring that every condition is created to dignify human life."

Gbowee – who spoke at the Sept. 26 Department of Medicine Grand Rounds – is an activist and social worker whose nonviolent mobilization of women in Liberia helped bring a 14-year civil war to an end in 2003. She is the founder and president of the Gbowee Peace Foundation Africa, which focuses on education, leadership development and community engagement as key pillars of building a healthy and peaceful Liberia.

When Gbowee was pregnant with her third child and traveling to escape the violence in Liberia, she was seen by a doctor and was told she was extremely anemic. Sick and needing a blood transfusion, her doctor approached her partner to donate, but he had to refuse as he, too, was sick.

"My doctor did not say, 'I am a doctor, so I will stay in my lane,'" Gbowee said. "Instead, he paid for my medications and increased my visitation days to ensure I was eating well because his office provided food."

The day Gbowee gave birth, her doctor's mother died, keeping him from the hospital. "I gave birth to a tiny 2 pound premature baby and I did not have a dime. So the hospital put me in the hallway and did not put my baby in an incubator," she said. "After a week, my doctor came back. The staff told him I was up in the corridors with the other women who cannot afford care and he came running to me. 'Oh my god, I have a grandbaby,' he said. He paid my bill, gave me some extra cash and sent me home. That is peace interacting with medicine."

In discussing privilege with the group of physicians, residents, trainees and students during the Grand Rounds,

*(Continued on page 2)*

# Surgical Family Waiting Area moves to Yawkey

**ON NOV. 11,** the hospital's Gray Surgical Family Waiting Area will move into a newly-renovated space on the second floor of the Yawkey Building. This move paves the way for critical expansion of the Electrophysiology Lab on the first floor of the Gray Building.

"Although we are moving to a new physical location, the volunteers remain the true heart and soul of the Family Waiting Area," says Jackie Nolan, director of the Volunteer Department, which oversees the program.

The Family Waiting Area was established more than 30 years ago under the leadership of Maeve Blackman, former director of the MGH Volunteer Department. The early years involved paper-tape communications between recovery room personnel and a volunteer sitting at a desk in a hallway. Today, the volunteers offer a combination of personalized and state-of-the-art support within a dedicated waiting room area. There, families are kept informed of a patient's progress and doctors can personally and privately communicate surgical results. From the outset, the aim of the program has been to make families feel a part of a patient's surgical process, from pre-op to their arrival in the Post Anesthesia Care Unit or Intensive Care Unit.

SNEAK PEEK: Nolan, second from right, visits the new waiting area with volunteers.

MGH Volunteers are responsible for supporting a diverse population of more than 2,000 family members, friends and other visitors each month. The team of 36 volunteers is responsible for keeping families up to date on the timing of procedures and the location of the patient. Tracking is done via Epic, the electronic medical record, and in partnership with the surgical liaison nurse, who circulates throughout the operating rooms.

"The ongoing contributions of the Family Waiting Area volunteers can't be overstated," says Nolan. "They are the point of contact for so many of our patients and families when they are at their most vulnerable, and they truly make a difference every day."

Advances volunteers have led over the years include the introduction of multi-modal interpreter services, a recovery room Perioperative Family Liaison support program, on-site escorts, and online reporting and waiting area redesigns to enhance traffic flow and comfort.

The Yawkey Family Waiting Area will be open weekdays from 8 am to 5 pm. After 5 pm, families will wait in the Maxwell & Eleanor Blum Patient and Family Learning Center. ■

# RESEARCH ROUNDUP

### Genetic study points to new strategies to delay the onset of Alzheimer's disease

Some people who carry gene mutations known to cause early onset Alzheimer's disease do not show symptoms until a very old age. Studying these individuals may help identify other gene variants that help delay the onset of the disease.

In a new study, Yakeel T. Quiroz, PhD, MGH neurologist, describes one such patient from a large extended family in Colombia that is genetically prone to early onset Alzheimer's.

The patient has the genetic mutation that causes early onset Alzheimer's, but unlike most of her relatives – who developed signs of dementia in their 40s – she did not show any signs of impairment until three decades later.

Imaging tests showed she had only minor neurodegeneration in her brain, despite having unusually high levels of amyloid beta deposits, the hallmark of Alzheimer's disease. The number of tau tangles – another key component of the disease – was more limited.

The researchers believe that carrying two copies of a genetic variant called Christchurch helped delay the disease onset by limiting the more damaging effects of tau tangles and neurodegeneration that occur after the building up amyloid beta.

The results suggest it may be possible to delay the onset of Alzheimer's disease even in patients with significant buildups of amyloid, and that treatment success may not be contingent on reducing overall amyloid beta levels in the brain.

### Why some football players have a higher cardiovascular risk than other athletes

While research has shown that elite athletes are at a decreased risk of death from cardiovascular problems, a certain group of athletes – football linemen in the United States – actually have higher risk than the general population and other elite athletes.

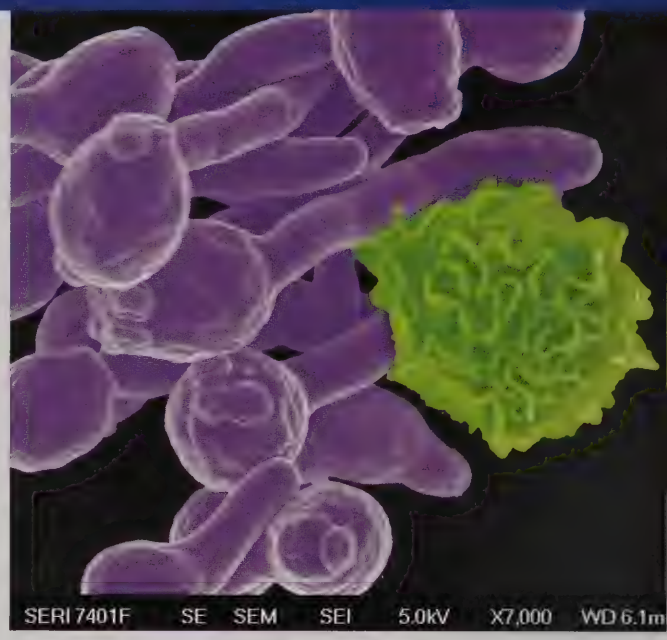
A study led by Aaron Baggish, MD, director of the MGH Cardiovascular Performance Program, found that most football players who play on the offensive and defensive line at the college or professional level undergo forced weight gain during training that can cause high blood pressure, sleep apnea and the development of a thick, stiff heart and arteries later in life.

The results of the study suggest that introducing more aerobic conditioning to the training regimen for linemen could help to reduce this risk. "When we've studied other populations of people who engage in aerobic activity, we see the exact opposite of what we see in this population," Baggish says.

### MGH performs first application of pig skin to a human wound

Burn specialists at the MGH have successfully used a live-cell, genetically engineered pig skin to temporarily close a burn wound in a patient. This is the first time that pig tissue derived from an animal with gene edits has been transplanted directly to a human wound.

The advance could help alleviate the shortage of human cadaveric tissue typically used to temporary close large burn wounds to allow for the skin to heal. The procedure took place as part of a clinical trial led by Jeremy Goverman, MD, of the MGH Sumner Redstone Burn Service.




## Research Institute Image Contest winner

**MORE THAN 46 IMAGES** were submitted by researchers as part of the second annual MGH Research Institute Image Contest. After two weeks of deliberation, judges selected a winner and eight finalists.

"Neutrophil Attack!" by Adam Viens, a research technician in the Division of Infectious Diseases, took first place. His photo will be showcased in a full-page ad in *Proto Magazine* and all finalist images will be featured in an installation in the lobby display case of Building 149 in the Charlestown Navy Yard.

As part of the Mansour Lab, Viens is focused on understanding the innate immune system, specifically white blood cells and how they recognize and respond to fungal pathogens. The goal is to develop novel cellular diagnostics and therapies for invasive fungal infections.

Visit *https://mghresearchinstitute.org* to learn more about the Image Contest. ■

## – *Grand Rounds*

*(Continued from page 1)*

Gbowee emphasized the opportunity those in health care have to generate change and transform society.

"We all have privilege, but our privilege is a blessing, and we have to use that privilege to change the world," she said. "There has been a lot of talk about how people have to stay in their zone. The military needs to stay in the military zone, peacemakers need to stay in the peace zone, and those in medicine need to stay in the medical zone. What people who say that don't understand is all of this circles back to social issues and health issues. All issues are interconnected and interrelated."

# *Asher Bruskin, LICSW, discusses gender affirming care*

***THE INTERNATIONAL TRANSGENDER DAY OF REMEMBRANCE** is Nov. 20. To better understand the annual observance, the issues facing the transgender community and how the MGH can be more gender affirming, Asher Bruskin, LICSW, of the MGH Transgender Health Program and MGH Infectious Diseases Clinic, shares his thoughts.*

**WHAT IS THE TRANSGENDER DAY OF REMEMBRANCE?**

Transgender Day of Remembrance is a memorial vigil observed every year on or around Nov. 20 to honor lives lost in the previous year to acts of anti-transgender violence.

The observance began in 1999 as a vigil for Rita Hester, a transgender woman living in Boston, who was murdered. Hester's friends and community came together to honor her memory, and over the years the annual memorial has grown to take place in communities throughout the world.

**WHY IS IT RECOGNIZED?**

There is an established history of transgender and non-binary people, along with many others with marginalized identities, being killed or ending their own lives without acknowledgement of their humanity. The act of mourning is an act of affirming that transgender and non-binary people exist and that they deserve to be remembered in ways that honor their full sense of selves. Transgender Day of Remembrance is also a community event that honors the resiliency of those who remain active in working for justice.

**WHAT NEEDS TO CHANGE TO END THIS VIOLENCE?**

Anti-transgender violence does not exist on its own. Structural violence and systemic oppression cause the conditions that leave many transgender and non-binary people vulnerable to both interpersonal violence and to persistent bullying and degradation. These structural conditions particularly allow for more targeted and deliberate acts of violence against transgender women of color due to their multiple marginalized identities. In order to disrupt and undo violence on the individual level, we must work to change the larger systems that allow and legitimize hate-based violence.

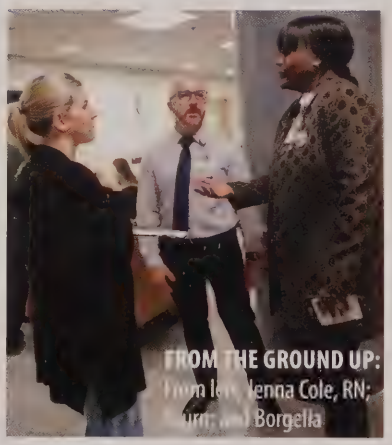
**WHAT CAN I DO TO SUPPORT THE TRANSGENDER COMMUNITY ON TRANSGENDER REMEMBRANCE DAY AND IN GENERAL?**

On Nov. 20, the MGH Transgender Health Program and the MGH Spiritual Care Department will host a memorial vigil in the chapel.

It is important to affirm the worth all people – especially of transgender and non-binary people – including patients, staff, colleagues and visitors. Use and respect the names and pronouns people share with you. Be sure to review MGH policies and training materials that uphold MGH's dedication to making everyone feel welcome and supported as a gender-affirming medical center and home. ■

**LET THERE BE LIGHT:** MGH staff gathered in the East Garden Room Oct. 29 for the annual hospital celebration of Diwali, hosted by Human Resources. The holiday – known as the festival of lights – is the most widely recognized Hindu festival worldwide, during which Hindus, Buddhists, Sikhs and Jains celebrate for five days. Diwali symbolizes the spiritual victory of light over darkness, good over evil, and knowledge over ignorance.

# Welcome home Bigelow 7




**FOR MOST OF THE STAFF** on the newly-opened Bigelow 7 General Medicine Unit, the renovated space is their first experience of working at the MGH. For two members of the team though, it is a homecoming.

Mary Brown, RN, recently graduated from nursing school only to return to the floor she trained on during her time as a patient care assistant when the floor was an Emergency Department Observation Unit.

"It's been very comforting for me to be back on a floor I am familiar with, but with the floor being changed to a Medicine Unit, there's a feeling that we are building the floor from ground up," Brown said at the official opening of the new unit Oct. 29. "Before we opened, we had conversations about what we wanted our floor to look like, what kind of culture our floor would have and discussed our goals. Starting something like this from the beginning is a once in a lifetime sort of opportunity."

Another familiar face of Bigelow 7 past and present is Pablo Tourn, operations manager in Patient Care Services. "It's nice to be back home and see this floor come back to life during the renovation," he said. "There were so many different groups working together on this project, from our unit staff to Building and Grounds to Pharmacy."

Because of the tight quarters on the unit, Tourn and his colleagues had to get creative when it came to using the space. "Everything has to have a purpose and everything has a home when working on a smaller unit," he said. "With so many of us on the floor involved in the planning process, we were able to really customize the space to ensure that we have everything we need to take care of our new medicine patients."

The renovation of the Bigelow 7 unit is part of the hospital's multipronged approach to addressing capacity constraints at the MGH. "The strong collaboration, dedication and commitment amongst the Department of Medicine, Nursing and Patient Care Services, and other support services and departments resulted in a reinvigorated physical environment, and a safe and efficient transition," said Marie Borgella, RN, Bigelow 7 nursing director.

The leadership team for Bigelow 7 includes Tourn; Borgella; Mia Haddad, RN, clinical nurse specialist; and William Hillmann, MD, inpatient physician director. ■

# *Open Enrollment is here: Things to consider for 2020*

**OPEN ENROLLMENT WILL RUN** through Nov. 13 and all staff are encouraged to log on to the *www.AskMyHRportal.com/OE2020* portal to review, choose and enroll in their 2020 benefits. The site includes step-by-step enrollment instructions, videos, rate sheets, enrollment guides and medical plan comparison charts.

Here are some important things staff should know to make the most of their 2020 benefits, including health plans, dental and vision coverage, and life and disability insurance.

### WHICH MEDICAL PLAN IS RIGHT FOR YOU?

Staff will continue to have a choice between Partners Select and Partners Plus plans, administered by AllWays Health Partners.

If your medical and behavioral health providers are mainly Tier 1 providers, or if you live outside the Greater Boston area, Partners Select may be the best plan. If your family needs the flexibility of having access to Tier 2 or out-of-network providers, Partners Plus may be the right plan.

To decide which plan will best meet you and your family's needs, refer to the Partners Plus vs. Partners Select comparison page on Ask *my*HR.

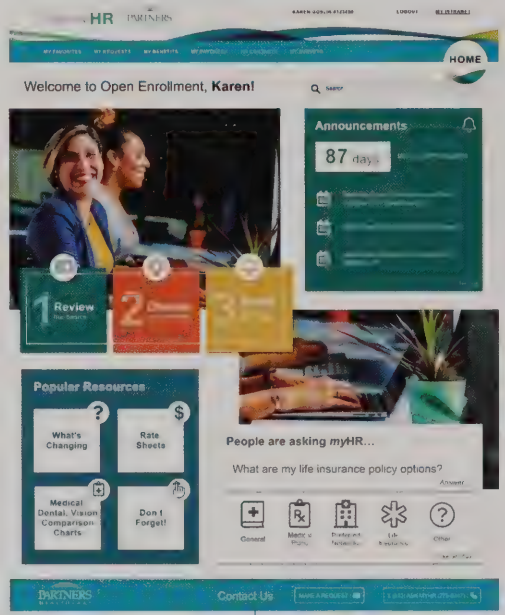
### NEW MEDICAL ID CARDS FOR 2020:

Employees who are enrolled in an employee health plan through AllWays Health Partners for 2020 will receive a replacement ID card in December. The new card will provide additional information about Aetna Signature Administrators, which extends the AllWays Health Partners network outside of Massachusetts. This additional information will help ensure claims are processed in a timely manner.

The AllWays Health Partners ID card also contains information about CVS/Caremark prescription drug coverage.

### LIFE INSURANCE:

If your family members depend on you financially, consider enrolling in supplemental life and/or accidental death and dismemberment (AD&D) insurance through MetLife. Enroll in coverage for yourself, your spouse and your children.




### HOW MUCH CAN A FLEXIBLE SPENDING ACCOUNT SAVE YOU?

A flexible spending account allows you to save on taxes for certain health care and dependent care expenses. These accounts may save you hundreds of dollars each year, but be sure to re-enroll during every Open Enrollment period.

### ARE YOUR BENEFICIARIES UP TO DATE?

Open Enrollment is a great time to ensure that beneficiary information is up to date for life insurance, retirement and tax-sheltered annuity plans.

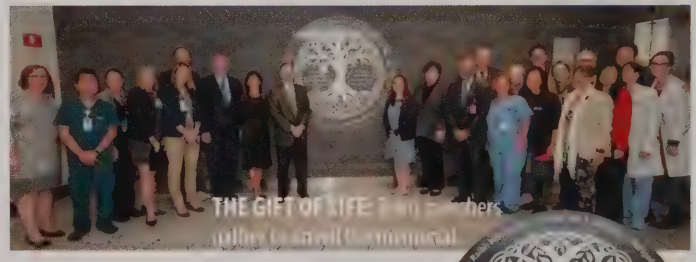
### CONFIRM OTHER COVERAGES FOR 2020:

Are your dental, vision, disability and retirement plans at the coverage levels you need? While these plans are not changing, now is a good time to check whether your current coverage aligns with the care you expect to need for yourself or your family in 2020.

For more information, refer to the Open Enrollment page on Ask *my*HR. If you don't find the answer to your question, submit a request or call the HR Support Center at 1-833-275-6947. ■

## Transplant Center unveils Donor Memorial Tree

**THE MGH TRANSPLANT CENTER** recently unveiled a Donor Memorial Tree in the lobby of the Lunder Building, honoring organ and tissue donors and their families.



"The organ donor memorial is based on the Celtic Tree of Life, which symbolizes balance and harmony between the earth and heaven, and heaven and earth," said Paul Myoung, administrative director of the MGH Transplant Center and chair of the hospital's Organ and Tissue Donation Committee. "The knots encircling the tree represent the woven and binding connection between the past, present and future."

The tree is a custom work of art that took more than two years to design. Inscribed in the circumference are the words "Thank You" in 15 languages, reflecting the importance of diversity, inclusion and equality. Myoung said it is a message of appreciation and remembrance for everyone who chooses to give the gift of life.

"The donor memorial is intended to be a timeless tribute," said Joren Madsen, MD, DPhil, director of the Transplant Center. "It celebrates the benevolence and generosity of donors, but it is also a source of strength for the dedication of those who work in transplantation at Mass General and New England Donor Services."

As of July, there are an estimated 113,000 people waiting for a lifesaving transplant. One donor can save up to eight lives through organ donation. In 2018, there were more than 17,500 organ and tissue donations in the United States.

"As a bedside nurse caring for donor patients and families, I'm overjoyed that this memorial allows the Mass General community to honor the gift of organ donation in such a symbolic manner," said Katelyn Sparks, RN, of the Neurological Intensive Care Unit. ■

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11.22.19

# MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

**HONORING SACRIFICE:** Former New England Patriot Max Lane with the MGH Honor Guard

## 'For flag, country and democracy'

**"RELIGION, RACE,** sexual orientation, gender, ethnicity – none of that matters when you go to war," said retired Col. Dan Arkins, director of Development at Home Base, a partnership of the Red Sox Foundation and MGH. "Every branch of the military is colorblind. At the end of the day, I know everyone out there with me would have my back and I would have theirs. All that matters is getting the job done."

Arkins – who spent 33 years in the Army, 30 of them as a military intelligence officer – was the keynote speaker at the MGH's annual Veterans Day Breakfast Nov. 12 at the Paul S. Russell, MD Museum of Medical History and Innovation. Arkins was deployed for 14 months of active duty in Iraq in 2003 and to Afghanistan in 2011 for nine months.

"I found the military community was a place I could thrive," said Arkins, who initially joined the Army as a way to pay off his "seemingly insurmountable amount of student debt" after graduating from Boston College. "My somewhat selfish beginning turned into something I am truly passionate about. I found a group of similarly mission-driven people who care about the flag, country and democracy – and doing what's right to protect all these things."

*(Continued on page 3)*

## Scrapbooks, scalpels and surprises: Inside the MGH Archives

**THE MGH ARCHIVES** houses the official records of the hospital dating back to its beginnings. Archivist Lucy Ross, who oversees collections of documents and photographs spanning more than a quarter mile of shelf space, discusses this valuable resource – and its constant surprises.

### THE MGH IS ALL ABOUT LOOKING FORWARD, SO WHY LOOK BACK AT ITS HISTORY?

The history of medicine is not all leeches and alchemy, but is about major ongoing themes, such as the evolution of the doctor-patient relationship, the progression of the scientific method and working toward evidence-based practices. The history of medicine touches everyone. At the MGH, records can show us why certain things are the way they are. Out of the apothecary, for example, grew not only the pharmacy, but also imaging. We can also gain perspective on how far medicine has come in a relatively short time.

### WHO USES THE ARCHIVES, AND WHY?

Most requests come from MGH staff looking for photos relating to their department or verifying that a certain person was in their department during a certain year, though I should note that we do not have personnel records or modern patient records. We also host researchers from the world over who are writing papers or books on topics such as the history of the social service and anesthesia.

*(Continued on page 2)*

**TREASURES ABOUND:** Ross with a 1741 indenture, or legal contract, part of a bequest by Boston merchant Thomas Oliver to MGH.

# Learn. Earn. Return: The three phases of a career journey

**THE MGH/MGPO** Women in Leadership Committee hosted its annual meeting Nov. 5, featuring Jovita Thomas-Williams, senior vice president of Human Resources. During her talk, "Defining Success: Is it all about getting to the C-Suite?" Thomas-Williams provided a detailed overview of what she views as the three phases of one's career: Learn. Earn. Return.

"Take time to learn as much as you can about who you are and what matters most – because that is what will guide you in your career and toward success in the years to come," she said. "Success isn't universally defined, it's personal. Your neighbor's idea of success is not yours, so don't waste your precious time and energy trying to keep pace. And always remember, success is not achieved in isolation, it really does take a village, so take the time to establish a network of trusted advisors along your career journey."

Attendees at this year's event were encouraged to invite a "rising leader" from their departments to attend the presentation, which was followed by a networking event at the Paul S. Russell, MD Museum of Medical History and Innovation.

"Whenever possible, return the coaching and mentoring you received by sharing your wisdom with those following in your footsteps," Thomas-Williams said, encouraging those in attendance to mentor others. "You didn't get to where you are alone, and neither will they. They need us – and they are going to become us." ■

**IT TAKES A VILLAGE:** Thomas-Williams, sixth from right, with members of the Women in Leadership Committee

# World Diabetes Day

**HEALTHY HABITS:** The MGH Diabetes Self-Management Education Program hosted its annual World Diabetes Day awareness event on Nov. 14. This year's event included a table at the MGH Revere HealthCare Center where patients, visitors and staff were invited to stop to learn more about diabetes.

Pictured above, from left, Linnea Borden, Antonio Nascimento, Kawtar Wahman and Danielle Daly, Population Health coordinators; Chucks Eze, Revere practice manager; and Asmaa Sahrour, senior Population Health coordinator.

# – *MGH Archives*

*(Continued from page 1)*

**WHERE DOES THE ARCHIVES GET ITS MATERIALS?**

The archives collects whatever materials it can – such as Broadcast MGH emails about hospital policies or changes of heads of departments, or new issues of hospital newsletters to add to existing collections – but largely relies on donations from MGHers. Though donors are most commonly physicians, anyone can contribute. We aim to preserve the history of all the people who have made MGH what it is.

**WHAT IS YOUR FAVORITE ITEM IN THE ARCHIVES?**

Currently it is a scrapbook compiled by Jane Holbrook, a medical illustrator here in the 1940s, that includes not only department pictures, but also party pictures – snapshots of daily life inside and outside the hospital.

**AREN'T A LOT OF THE DOCUMENTS YOU CONSULT – LIKE REPORTS – PRETTY DRY?**

Even in things that appear to be dry, you'll find signs of life – doodles in the corner or a pithy cover letter. Also, I must say I come across a delightful amount of verse – in a newsletter called the *World of MGH*, department newsletters, retirement party programs – in places you'd least expect it.

**IS IT ARCHIVES OR ARCHIVE?**

Archives generally refers to collections of records or the physical place where the records are kept. Archive usually refers to less formal collections, like a file cabinet full of old papers. Really, though, either term is fine.

For more information visit *https://www.russellmuseum.org/archives/archives-faq/.* ■

**ARCHIVE ART:** Drawn by medical resident Ernest Craige, MD, in June 1947, a caption on the back of the original art reads: "This is the original drawing of the industrious little man which heads the Archives column in THE NEWS."

# *Talking turkey: Tips for a tranquil Thanksgiving*

**AS THE MOTHER OF ALL FAMILY DINNERS,** Thanksgiving can come with a huge helping of expectation and a side of emotional baggage, says Anne K. Fishel, PhD, director of the MGH Family and Couples Therapy Program, and director and co-founder of The Family Dinner Project in the MGH Psychiatry Academy.

"From it being a poignant reminder of time passing as we remember beloved family members no longer at the table to worrying about the food, drink or controversial conversations that may arise, the holiday can easily turn from joyful to stressful," she says. Here, Fishel shares tips to keep Thanksgiving calm, cozy and civil.

### THINK OF THE FAMILY AS A STEW POT

Most of us live in a bubble with like-minded people, but our family can be a stew pot where we can be confronted with different perspectives. While these contrary points of view can be stress-inducing, try to make Thanksgiving the start of empathy, of being curious about a family member's differing viewpoint. Saying "I'm really curious about..." or "Could you share with me...?" might start a conversation you'll be glad you had. If that is too tall an order, make Thanksgiving an opportunity to suggest a conversation at a later date.

### BROADEN THE PERSPECTIVE TO INCLUDE HISTORY

Discussing an often-polarizing topic, such as politics, through the lens of time travel can be less charged than talking about present day. When kids know their family stories they grow up to be more resilient, and knowing that family members have survived and learned from other turbulent times can be reassuring. Some guiding questions can include:

- Who remembers the first vote they cast? For whom did you vote?
- Does anyone recall Thanksgiving 1963, six days after President Kennedy's assassination? What was that Thanksgiving like in your home?

### USE YOUR HOST ROLE TO TAKE SOME PREEMPTIVE STEPS

You might want to send a group email ahead of time, setting an expectation that discourages conflict. You could ask family members to arrive at dinner ready to focus on what they feel thankful for or what they love about the family. Once the dinner gets rolling, consider announcing that everyone is going to switch seats after each course.

### DO NOT FORGET THE FUN

Thanksgiving should be an opportunity to gather and enjoy one another's company. A few years ago, when I worried about possible friction, I came up with The Hat Game. As guests arrive, ask them to write answers anonymously to various prompts on a Post-it and put them in a hat. Here are some prompts you might use:

- What character in a children's book did you most admire?
- What animal would you most like to be?
- Who do you wish could join us for this holiday meal, dead or alive, famous or not?

At dinner, read the answers aloud and everyone tries to guess who gave each answer. This allows for a tablewide conversation that everyone can participate in, regardless of age or differing outlooks. You might also suggest some classic games that are easier to play with a large group, such as Telephone, Celebrity or Charades, or make a family charades version where guests act out favorite family memories.

As I think about this holiday, I remember Abraham Lincoln, who issued a proclamation to make Thanksgiving a national celebration in the depths of the Civil War, arguably a more contentious time to be an American: I wish you and your family "the full enjoyment of peace, harmony, tranquility and union." ■

# – *Veterans Day*

*(Continued from page 1)*

Also at the breakfast was Max Lane, a former offensive lineman for the New England Patriots. Prior to his time with the Patriots, Lane was a three-year starter for offensive tackle at the U.S. Naval Academy. Attendees were given the opportunity to meet with Lane, who posed for pictures and signed autographs.

"Today's breakfast is a very small expression of the hospital's appreciation for the sacrifices you and your families have made to protect the freedom we enjoy here in the United States," said Jovita Thomas-Williams, senior vice president of Human Resources. "We recognize that the freedoms we enjoy in our daily lives are a direct result of your love for and dedication to this country. On behalf of myself and the rest of the MGH community, please accept our thanks." ■

## MVP Scholarship

The MGH Military Veteran Partners group – formed five years ago – supports active-duty military members and their families year-round through volunteer programs at the MGH and throughout the community. One of these programs is the annual MVP Scholarship, given during the breakfast to a veteran employee seeking to further their education.

This year's scholarship went to Shona White, a senior radiation therapist at MGH and Newton-Wellesley Hospital since 2008. White and her husband, an Army veteran, both are active in their local veteran community as part of the Combat Veterans Motorcycle Association and are raising a 2-year-old son. She also is going back to school to earn a master's degree in health care administration.

"It has always been a great opportunity to be able to help our community and to help our patients," said White. "This scholarship will help me to continue to do just that."

# *Tanaka on tackling ACL tears*

**AS THE NUMBER** of female athletes increases, so do the number of anterior cruciate ligament (ACL) tears in the knee, prompting reconstruction surgery rates to rise three times faster in women.

TANAKA

Miho J. Tanaka, MD, MGH's new director of Women's Sports Medicine, says these injuries often occur without collision and can happen when the knee gives out and buckles during a sporting maneuver. "It has been proven that you can reduce the rate of ACL tears in female athletes by performing certain neuromuscular training exercises."

Unfortunately, such information on injury prevention is not well known amongst athletes and coaches. Tanaka hopes to deter statistics by spearheading a coordinated effort among physical therapists, surgeons, athletic trainers, coaches and doctors to provide a standardized, unified way of educating the community about preventative training. Here, she shares information about the program, and answers some common questions.

**WHY IS AN ACL INJURY SO BAD?**

The ACL is one of the ligaments in the knee that provides stability to the knee joint, particularly during cutting and pivoting motions. If you think of the knee as a hinge joint, the ACL prevents the knee from "coming off the hinge." An injury of the ACL is problematic because it can cause the knee to become unstable during these twisting and pivoting motions. Although people can walk without an intact ACL, the movements needed for sporting activities, such as sudden changes in direction, are difficult with an ACL tear.

Unfortunately, this is not an injury that heals on its own, leaving surgery and a long recovery as the primary options for treatment. Athletes who have ACL tears are generally out for a season and may not return to play for up to a year, and studies show that not everyone is able to return to the same level of performance after recovering from this injury, despite having successful surgery. It also has been shown that ACL injuries can lead to increased risk of arthritis and knee disability later in life.

**TELL US ABOUT YOUR GOAL TO IMPLEMENT THE ACL PREVENTATIVE TRAINING PROGRAM AND MAKE IT STANDARD OF CARE.**

Female athletes are four to eight times more likely to tear their ACL than male athletes, and imbalances in the muscles that support the knee can contribute to their rate of ACL injuries. The data shows that preventative training programs to correct these muscle imbalances can reduce injury rates, but they only work when implemented and performed regularly. Even though this is common knowledge amongst surgeons and physical therapists, the purpose is not served if athletes and coaches don't have access to this information.

The concept of having surgeons or physicians working closely with physical therapists and athletic trainers to educate the community is key. The goal is to get the same important message to as many schools and sports clubs as possible. Part of this is making sure that female athletes and parents understand the importance of preventative training. The other part is helping to implement these programs, which involves building relationships with coaches and providing the information and support needed.

Through this program, we can provide workshops for coaches to learn how to teach and monitor these exercises for their players. We can provide information on the types of exercises that are helpful, how to perform them correctly and how to modify them as needed for players of different levels. This type of program can then be incorporated into a warmup routine in the team's practice.

**WHY IS A PROGRAM LIKE THIS IMPORTANT?**

Preventative training exercises cost very little, can reduce injury risk and can likely even improve performance by optimizing body mechanics. At a time when female athletes are competing at an increasingly high level, it is important that we support these women by providing the education they need to help them stay healthy so they can continue breaking barriers in sports. ■

## December *Hotline* happenings

**UPCOMING *HOTLINE* EDITIONS**

There are three editions of *MGH Hotline* left in 2019. Dec. 6 will be the final standard edition of the year. Then be sure to pick up the Dec. 20 holiday edition to enjoy coverage of the fun and festive happenings at the MGH this holiday season. The final year-in-review edition will be distributed Dec. 27 and will include highlights from 2019 and a 2020 fold-out calendar with a list of MGH holidays. The first edition for 2020 will be available Jan. 10.

**SUBMIT YOUR 2019 HIGHLIGHTS**

For the 2019 year-in-review edition, *Hotline* wants to hear about the highlight of your year. Whether personal or professional, share your most memorable milestone from the past year to be featured in *Hotline* or on Apollo, the MGH intranet. To submit, email a brief description and photo, if applicable, to *hotline@partners.org* so the MGH community can celebrate with you and ring in 2020 with a look back at the many accomplishments throughout the hospital.

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12.06.19

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

# Food to feed the soul

**A CARVERY THAT CARES:** Eat Street Café staff Seandel Grant, Jorge Santana and Paula Brathwaite leave unsold food in the warmer to be put aside at closing for Food for Free.

**THE MGH HAS TEAMED UP** with the Cambridge-based organization Food for Free to donate excess food from its largest cafeteria to help provide nutritious meals to people in the greater Boston area experiencing food instability.

"The last thing we want is to see food wasted," says Sara Swiatlowski, manager in Retail and Revenue Operations for Eat Street Café. "Having the opportunity to work with Food for Free allows us to give back to the community and provide a healthy meal for those in need. This is a great program and we are happy to be working with them to help eliminate food insecurities."

MGH Nutrition and Food Services staff – including chefs, dietitians and purchasers – forecast how much of each item should be prepared at Eat Street Café, located on the hospital's main campus. Much like meteorological forecasting, however, these projections can change in an instant. Snow or rain may cause more employees to stay indoors and eat in the cafeteria, fewer patients may have appointments on a given day, or a new food offering might be less popular than expected. With an average of 3,000 meals served daily at Eat Street, even the slightest change can have a large impact on the amount of food left at closing time.

*(Continued on page 3)*

## Champions for change

**ERIC NADEL, MD,** director of the Harvard Affiliated Emergency Medicine Residency, was honored with the 2019 MGH Disability Champion Award. Nadel and his fellow nominees were recognized as "everyday heroes" at the Employee Disability Resource Group's Breakfast of Champions celebration Nov. 25.

"I learned way more than I taught throughout this period, and only did what anyone would do to learn and help another person. It is easier to see now how everyone moves through the world differently and how we all need support along the way," said Nadel, who was recognized for his support of his resident's dream of becoming an Emergency Medicine physician, despite facing unexpected challenges.

"Dr. Nadel's 20 years as program director for the Harvard Affiliated Emergency Medicine Residency have been highlighted by numerous examples of his compassion and advocacy for all his trainees, especially during times of physical or emotional challenges," said David Brown, MD, chief of MGH Emergency Medicine, in his nomination of Nadel. "This was never more evident than the way Dr. Nadel leapt into action six summers ago to support one of his interns who was injured in an accident."

According to Brown, during the student's year of recovery, Nadel would visit him and ask, "When are you planning on coming back?" and "I can't wait to see you in the ED." During this time, Nadel worked to ensure the program would be able to accommodate the resident's needs upon his return.

**CONSTANT COMPASSION:** From left, Brown; Jovita Thomas-Williams, senior vice president for Human Resources; Nadel; Betancourt; and Peter L. Slavin, MD, MGH president

Joseph Betancourt, MD, vice president and chief equity and inclusion officer, discussed the hospital's role in welcoming all people of diverse abilities as a safe place for them to work, visit or receive health care. "Normally champions are celebrated for their accomplishments, but these champions are celebrated for what they do for others," said Betancourt. "They are committed to supporting those with diverse abilities, and in this way, they are the best of MGH. They demonstrate that together, we care." ■

# RESEARCH ROUNDUP

### Glowing particles in the blood may help diagnose and monitor brain cancer

Brain cancer can be especially difficult to diagnose and monitor after treatment because methods such as tissue biopsies or radiation can injure the brain.

In a recent study, MGH researchers demonstrated a promising new strategy for diagnosing and monitoring brain cancer by using the substance patients drink before surgery that makes tumor cells fluorescent.

Because all cells release particles – called extracellular vesicles (EVs) – into the bloodstream, the researchers wondered if the EVs from tumor cells in the blood of brain cancer patients might turn pink just as the tumor cells do.

In tests of mouse models, the team found that mice with brain tumors had fluorescent EVs in their blood, while the EVs in mice without cancer did not.

The team then collected blood samples from brain tumor patients before and after drinking the imaging agent, both before and after surgery. They found that patients with larger tumors had a significantly higher number of fluorescent EVs in their blood.

"This confirms that what we see in the blood is directly correlated to the tumor tissue, and it is telling us about their tumor size," said Bob Carter, MD, PhD, chief of Neurosurgery, and co-senior author of the study along with Leonora Balaj, PhD, of Neurosurgery. Pamela Jones, MD, also of Neurosurgery, was the lead author of the study.

### Study pinpoints possible cause of noise-related blood vessel damage, heart disease

Long-term exposure to environmental noise – such as that created by planes, trains and automobiles – has been linked to adverse health effects, including a higher incidence of cardiovascular disease. Researchers have identified a potential mechanism through which this noise leads to inflammation, blood vessel damage and heart disease.

In a five-year study of 500 adults, the team found that higher noise levels result in an increase in activity in stress-related centers of the brain such as the amygdala, which in turn causes inflammation in the arteries – an early hallmark of cardiovascular disease.

Of the 40 subjects (8 percent) of participants who experienced a major cardiovascular event during the study period, the team found that each five-decibel increase in environmental noise was associated with a 34 percent increase in risk.

The study was led by Michael Osborne, MD, and Ahmed Tawakol, MD, both of the Cardiac Imaging Research Center and Division of Cardiology.

### Successful alcohol, drug recovery hampered by discrimination

Even after resolving a problem with drugs or alcohol, adults in recovery report facing discrimination – such as assumptions they will eventually relapse, feeling like they are held to a higher standard than others, unfair treatment by police and difficulty finding employment.

The results come from a nationally representative survey of 2002 adults in recovery.

While previous studies of people with substance abuse disorder found evidence of discrimination when they are symptomatic or incarcerated, this is believed to be the first study to look at discrimination experienced by those who report they have resolved a problem and are in recovery.

The study was conducted by Corrie Vislant, PhD; Lauren Hoffman, PhD; and John Kelly, PhD, all from the MGH Recovery Research Institute.

# *Healing with hope*

**THE PATHWAY OF PALLIATIVE CARE** – both historically and looking ahead – was the featured theme at the ninth annual Robert Leffert, MD, Memorial Lecture on Nov. 12. Presented by the MGH Division of Palliative Care and Geriatric Medicine, the lecture honors Leffert – who served as chief of the MGH Department of Rehabilitation Medicine and the MGH Surgical Upper Extremity Rehabilitation Unit – and the compassionate care he received from the division before his death in 2008.

"Anyone who has ever had the misfortune – but natural human experience – of becoming a patient and facing a disease knows how very difficult the process can be," said Lee Schwamm, MD, division chief of Stroke Services, executive vice chair of the Neurology Department and Leffert's son-in-law. "Having someone alongside you throughout is very meangful."

The keynote speaker was Rob George, MD, medical director of St. Christopher's Hospice in London, who spoke about the HIV epidemic in 1987 and how palliative care has changed in the ensuing years during his talk, "Reflections on Palliative Care, Lessons Learned from St. Christopher's Hospice." George has since pioneered HIV and non-cancer palliative care and has worked in all clinical palliative care settings – teaching hospitals, the National Health Service and voluntary hospices. His particular interests lie in the philosophy and ethics of care.

CARING WITH KINDNESS: From left, George; Vicki Jackson, MD, chief of MGH Palliative Care; Schwamm; and Lisa Leffert, MD, chair of the Division of Obstetric Anesthesia

"If you really want to know what palliative care is about, it's about rebundling people from pathology back into personhood," George said."The goal of medicine is to live lives well, not die deaths badly."

George reflected on the history of palliative care through the decades, discussed the many dilemmas facing health care today and the need to shift the language of hope, harm and care. "We need to use the language of hope differently," he said. "Hope does not mean curability. Hope is the idea that things can be different than the way they are now."

Despite the common present-day focus on test-after-test, curability and continued care, "clinicians – when it comes down to it – are just like everyone else," said George. "When faced with a disease, the first things they will think of won't be what the scans show or what tests to do. The first things they'll think of will be of their families, their children, the effect this will have on their lives. We need to work to get back to that basis." ■

# Safe gift guidelines

**EACH YEAR,** an estimated 250,000 children are hospitalized nationwide with toy-related injuries. In recognition of December as Safe Toys and Gifts Month, Michael Flaherty, DO, MGHfC critical care physician and injury prevention researcher, shares a few tips to help prevent injuries during the holiday season.

**Consider the child's age**

Not all toys are created equal. It is important to note the age recommendations on toys which are based on the development, skill level and interest of the child.

**Become a label reader**

Look for safety labels including "flame retardant/flame resistant" on fabric products and "washable/hygienic materials" on stuffed toys and dolls.

Keep in mind some of the dangers that certain toys pose to children, depending on their age.

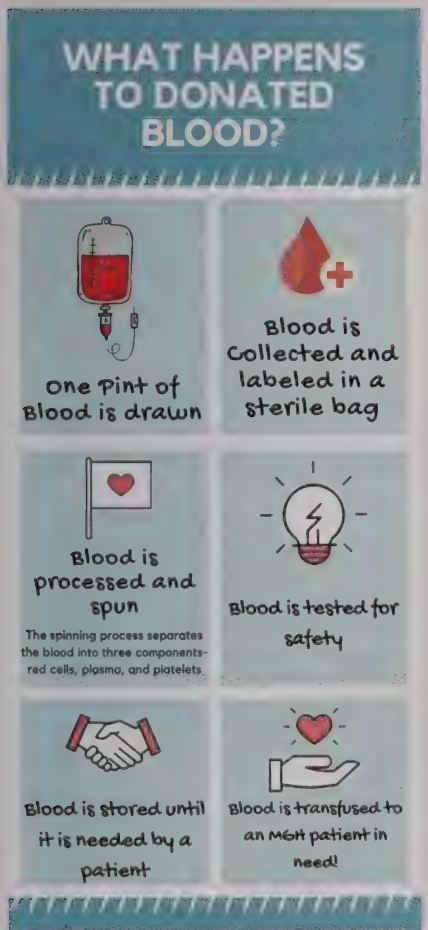
- **For babies and newborns:** Never hang toys from ropes, cords or strings in playpens or crib gyms, as they can lead to choking or strangling.
- **For children under age 3:** Be aware of toys with small parts that may break easily. "Button" batteries from small electronic devices can pose serious harm to children if ingested and should be checked for in all devices and secured or removed. Other small parts can lead to choking.
- **Children under age 5** should not use toys with projectiles, such as toy missiles, darts or arrows. If a toy does have a projectile, make sure it is soft.
- **Children under age 8** should not play with toys and products with sharp edges, toys made of glass or metal, or electronic toys. Check your children's toys carefully to make sure there is no risk of choking, loose parts, burns or other injuries.

Stay up-to-date with recent recalls for toys that may pose a danger to children. ■

# Donations with heart

**THE MGH BLOOD DONOR CENTER** recognized its top employee donors Dec. 3 at its annual Appreciation Breakfast. The event recognized individuals who donated blood or platelets four times or more from Oct. 1, 2018 through Oct. 1, 2019, and each was awarded a certificate of achievement and a large blue and white golf umbrella as an appreciation gift.

Three outstanding top donors were recognized this year for donating "above and beyond" the minimum requirement. Karen Harty, of MGH Orthopaedics, was recognized as the top donor overall with five whole blood donations and 10 platelet donations. Lynne Brodsky, MD, of the MGH Chelsea HealthCare Center, was honored for her 12 platelet donations, and James Corbett, of MGH Buildings and Grounds, for 11 platelet donations.


WHAT HAPPENS TO DONATED BLOOD?
One Pint of Blood is drawn
Blood is Collected and labeled in a sterile bag
Blood is processed and spun
The spinning process separates the blood into three components- red cells, plasma, and platelets
Blood is tested for safety
Blood is stored until it is needed by a patient
Blood is transfused to an MGH patient in need!

"This breakfast is a way to show our appreciation for our amazing employee blood donors who make the time to donate blood or platelets throughout the year," says Alyssa Greenstein, Blood Donor Center marketing coordinator. "We hope that employee blood donors will continue to donate at the MGH Blood Donor Center and encourage their co-workers to donate too."

# – Food for Free

*(Continued from page 1)*

Due to strict food safety regulations and requirements, surplus food traditionally had to be discarded and could not be donated to food banks or even given to employees. Joan Shea, director of MGH Nutrition and Food Services, says the department is always actively investigating ways to play a role in the hospital's ongoing sustainability efforts and was thrilled to partner with Food for Free in November.

"We had been looking for a while to collaborate with an organization to help us minimize food waste, give back to the community and serve our neighbors and patients outside of our walls," says Shea. "The program is different from others previously explored by Nutrition and Food Services – Food for Free ticks all of our boxes."

Shea says an added benefit is the ease with which the program operates, as there is minimal labor associated with the donation preparation. The only changes to the MGH kitchen workflow are the additional 20 minutes for one employee to place the food in a blast chiller overnight, then pack it into 2-quart plastic bags, which are placed into recycled banana boxes. These boxes are plentiful given that 360 bananas are delivered to the hospital on a daily basis, Shea says.

Food for Free sends a refrigerated truck once a week to the loading dock to transport the leftover food from the Carvery station to their kitchen where it is processed, portioned and matched with other donations to ensure delicious and nutritious meals for the recipients.

Shea says there are plans to expand the project to include items from other food stations at Eat Street Café, and they also are looking to donate surplus items from the patient food and catering offerings.

"It's been extremely rewarding to see the Nutrition and Food Services staff be so enthusiastic about getting involved in this program," says Shea.

The collaboration is just one way that MGH continues to advance its sustainability efforts. For years, the cafeteria has worked with Agri-Cycle, an organization that converts the hospital's compostable food waste into electricity, fuel and fertilizer. Recently, an ADA-compliant water bottle filler was installed in Eat Street Café and plans call for more stations to be added in the near future.

"It's quickly become part of our culture and people are proud to contribute to a cause as noble as Food for Free," says Shea. ■

Say Chai to Chanukah
WEDNESDAY, DECEMBER 18
East Garden Dining Room
4:30 to 5:30 p.m.
Join us for lights, dreidels, Chanukah food, singing, trivia, and much celebration.
MASSACHUSETTS GENERAL HOSPITAL

Holiday receptions
Please join us for the annual MGH Holiday Receptions! We will have refreshments, music and holiday cheer for all.
MGH MAIN CAMPUS
WEDNESDAY, DECEMBER 11
Tea Leaves
Day Shift: 2:30 to 4 p.m. | Night Shift: 10-11:30 p.m.
CHARLESTOWN NAVY YARD
FRIDAY, DECEMBER 13
Building 149, Middle Foyer
12:30-1:30 p.m.
MASSACHUSETTS GENERAL HOSPITAL

# Merry, bright and fit for the holidays

**THE END-OF-YEAR HOLIDAY SEASON** can be a difficult time for maintaining exercise habits, says Mike Bento, advanced trainer at The Clubs at Charles River Park. Many people experience an increased level of stress and a lack of time that pushes workouts off the schedule.

"Exercise is a highly effective way to reduce stress and stay in good spirits, so it is particularly important this time of year," Bento says. "Fitting in shorter exercise sessions and adding movement to your day is a good way to overcome seasonal challenges."

Here, Bento share some tips for a healthy holiday season:

## HOLIDAY EXERCISE STRATEGY

Optimally, fitness is enhanced through exercise performed for a specific duration and at moderate-to-vigorous intensity. This usually means working longer and harder than is possible during this busy time of year. Therefore, it is helpful to shift expectations about what is optimal.

- A short exercise session is perfectly OK when time is tight, and certainly much better than skipping it altogether. Rather than forgoing exercise because you do not have 30 minutes for a vigorous workout, settle for a brisk 10-minute walk at different times during the day.
- A couple of short walks or stair climbs each day can replace longer cardiovascular sessions at the gym until more time is available.
- A compact strength training session can also replace lengthier workouts in the short term.
- One good combination of strength and core exercises is the floor plank, chair squats and pushups. Start with the plank. Raise up into a straight line from ears to ankles with midsection firm and hold for three seconds. Lower back to the floor and repeat 6 to 10 times. Follow with a set of 6 to 10 squats followed by 6 to 10 pushups, rest for a minute or two and repeat for a total of three rounds.

## MOVE THROUGHOUT THE DAY

Adding in extra movement whenever possible contributes to your daily activity total.

- Stand up from your chair at regular intervals or use the furthest restroom from your office to get extra steps. Consistent activity and exercise sessions – even brief ones – will get you to the other side of the holidays happier and healthier.

**WINTER WORKOUT:** Bento shows how a few quick pushups count toward one's daily activity total.

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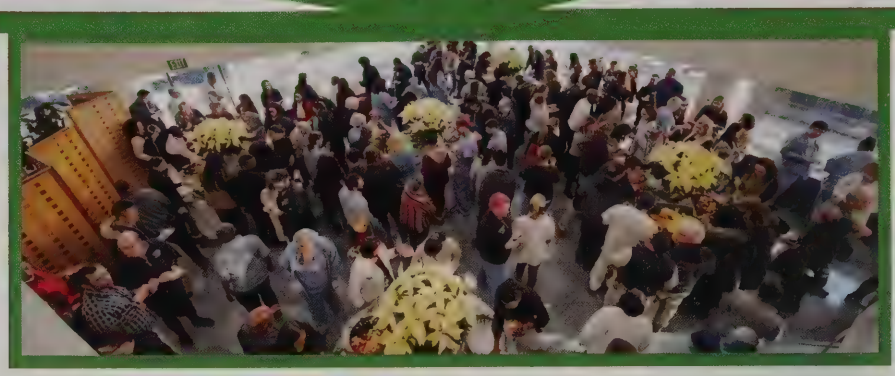
## Season of light

**ANNUAL TRADITION:** Rabbi Ben Lanckton, of the MGH Spiritual Care Department, readies a menorah outside of the MGH Chapel in preparation for Chanukah.

## Santa's sleigh 2.0

Up on the MGH helipad Santa arrives by Boston MedFlight with toys in tow for pediatric patients.



**A GENEROUS SPIRIT:** Revere CARES Power of Know youth group pack groceries to be donated to community members.

**FESTIVITIES WITH FAMILY AND FRIENDS:** MGHers gather to celebrate the season during the annual holiday reception at the main campus.

**PEACE ON EARTH:** HAVEN (Helping Abuse and Violence End Now) staff collect donations from departments throughout the hospital for its annual gift card drive.

**A CAROLING CANINE:** Staff perform holiday favorites in the hallway of the MGH main campus, joined by a furry friend from the Pet Therapy Program.

# All I want for Christmas is...

**A WORLD SERIES WIN:** MGHfC patient Abigail Broder, at center with ball, and her family visit with Red Sox players Brian Johnson, Bobby Poyner, Mike Shawaryn and Josh Taylor along with Wally the Green Monster mascot.

**HEALTHY HABITS:** Healthy Chelsea participants deliver meals to families in need.

**A COZY CREATION:** As part of its annual tradition, LVC members donate homemade fleece blankets for MGHfC patients.

**A SNUG HUG:** Boston Bruin David Krejci visits pediatric patients, including Anna Bearce, to laugh and play – running here and there all around the square (unit).

**TIME WITH FRIENDS:** Members of the Charlestown Coalition Turn It Around youth program participate in the Charlestown Holiday Night Out.

**COMFORT AND JOY:** Lunder 7 staff collect gifts for an area organization which assists and supports survivors of domestic violence.

## Tall tradition

MGH staff go to great heights to ensure patients and visitors are met with a sign of the season in this 1980s photo from the MGH Archives. The crew installed a Christmas tree on the awning of the White Lobby, at the hospital's main entrance.

## Elf on the move

Buddy Bulfinch, elf on patrol in MGH Police, Security and Outside Services, keeps an eye out for opportunities to spread holiday cheer with patients and employees alike. This year, Buddy got a bird's-eye view of Boston from the nose of a helicopter.

## By the chimney with care

The MGH Department of Surgery saves the holiday by helping Santa get back on his feet and back in his sleigh in time for Christmas Eve. The jolly fellow has been stopping by the MGH for his annual admission since the early 1950s.

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12.27.19

# MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

## 2019 YEAR IN REVIEW

The MGH files a letter of intent with the city of Boston to construct a new state-of-the-art building, featuring 12 levels of clinical inpatient and outpatient space, support services and six levels of underground parking.

The Mass General Research Institute reaches a major milestone of $1 billion expenditure in a single fiscal year.

The hospital receives $200 million from Phillip T. and Susan M. Ragon to endow the Ragon Institute of MGH, MIT and Harvard.

MGH receives a $50 million gift from James S. and Carol J. Herscot to support the Herscot Center for Tuberous Sclerosis Complex, capital projects and other hospital initiatives.

The MGH launches the Center for Gun Violence Prevention, dedicated to advancing the health and safety of children and adults through injury and gun violence prevention research, clinical care, education and community engagement.

Hospital staff address national shortages of intravenous immunoglobulin (IVIG) and heparin.

The MGH names its inaugural vice president and chief equity officer, Joseph Betancourt, MD.

In an ongoing effort to address capacity constraints within the hospital, staff from a number of disciplines work together throughout a three-phase bed-reallocation project.

The LVC celebrates its 150th anniversary.

MGH debuts its Writer in Residence program, offering staff reading and writing workshops and special events.

# As we usher in a new decade, *MGH Hotline* lo
# at some of the many momentous milestones
# at Massachusetts General Hospital in the pas

## 2010

- More than 50 MGH staff – as part of various local and national relief organizations – respond to a 7.0-magnitude earthquake in Haiti.
- The inaugural Run to Home Base takes place at Fenway Park.
- MGH Nutrition and Food Services launches the Choose Well, Eat Well color labeling system.
- The My Giving Helps Employee Campaign launches.

MY GIVING HELPS

MGH FUND EMPLOYEE CAMPAIGN

MGH 1811

MASSACHUSETTS GENERAL HOSPITAL
1811 - 2011

## 2011

- The MGH celebrates its 200th anniversary.
- The 530,000-square-foot Lunder Building opens for patient care.
- The MGH Learning Laboratory is unveiled.
- The MGH Breast Imaging Division scans the first patient in the country using breast tomosynthesis, a revolutionary 3D mammogram imaging technology.

HUB week
October 3-10, 2015

## 2014

- The MGH/MGPO begins using the Epic revenue cycle system for administrative processes.
- The MGH Vascular Center is renamed the Fireman Vascular Center.
- A patient is admitted to – then medically cleared and discharged from – the MGH suspected of having Ebola virus disease.
- The MGH/MGPO presents its updated strategic plan to help guide the next decade of the hospital.

## 2015

- The MGH is again ranked No. 1 in the nation on the *U.S. News & World Report* 2015-16 Best Hospitals list.
- The MGH Research Institute launches.
- MGH joins *The Boston Globe*, MIT and Harvard University as founders of HUBweek.
- MGH is designated as an Ebola and Special Pathogens Treatment Center.

ks back
elebrated
10 years.

## 2012

- The hospital is ranked No. 1 in the nation on the *U.S. News & World Report* 2012-13 Best Hospitals list.
- MGH performs its first hand transplant.
- The Paul S. Russell, MD Museum of Medical History and Innovation opens.
- The Henri and Belinda Termeer Center for Targeted Therapies is established.

## 2013

- The MGH is redesignated as a Magnet hospital by the American Nurses Credentialing Center.
- The hospital treats 31 patients following the Boston Marathon bombing.
- Padihershef, the hospital's resident mummy, undergoes a full-body X-ray and CT scan.
- The hospital performs its first combined heart-lung transplant surgery.
- Cooley Dickinson joins the MGH family.

## 2016

- MGH staff perform the country's first genitourinary vascularized composite allograft (penile) transplant.
- The Foster G. McGaw Prize for Excellence in Community Service is awarded to the MGH.
- The MGH/MGPO Opioid Task Force is formed.
- The MGH is the first hospital in the country to perform a liver transplant using "liver in a box."
- The Epic electronic medical record system becomes fully implemented.
- The Clinical Data Science Center launches.

## 2017

- Wentworth-Douglass Hospital becomes part of the MGH family.
- An MGH Gun Violence Prevention Coalition is formed.
- The hospital presents its 100th Endowed Chair and Scholar Program award.
- Jonny Kim, MD, then a resident in the combined MGH-BWH Harvard Affiliated Emergency Medicine Residency program, is named to the NASA class of astronaut recruits.

## 2018

- MGH is again redesignated as a Magnet hospital.
- The hospital responds to the national IV fluid bag and IV opioid shortages.
- The MGH Transgender Health Program is established.
- MGH joins the National Institutes of Health All of Us Research Program.

Regardless of the weather, MGH Buildings and Grounds staff keep the hospital campus safe for employees, patients and visitors.

*Photo courtesy of MGH Photography*

# 2020

## 2020 MGH Observed Holidays

Jan. 1 - New Year's Day
Jan. 20 - Martin Luther King Jr. Day
Feb. 17 - Presidents Day

### JANUARY

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### MARCH

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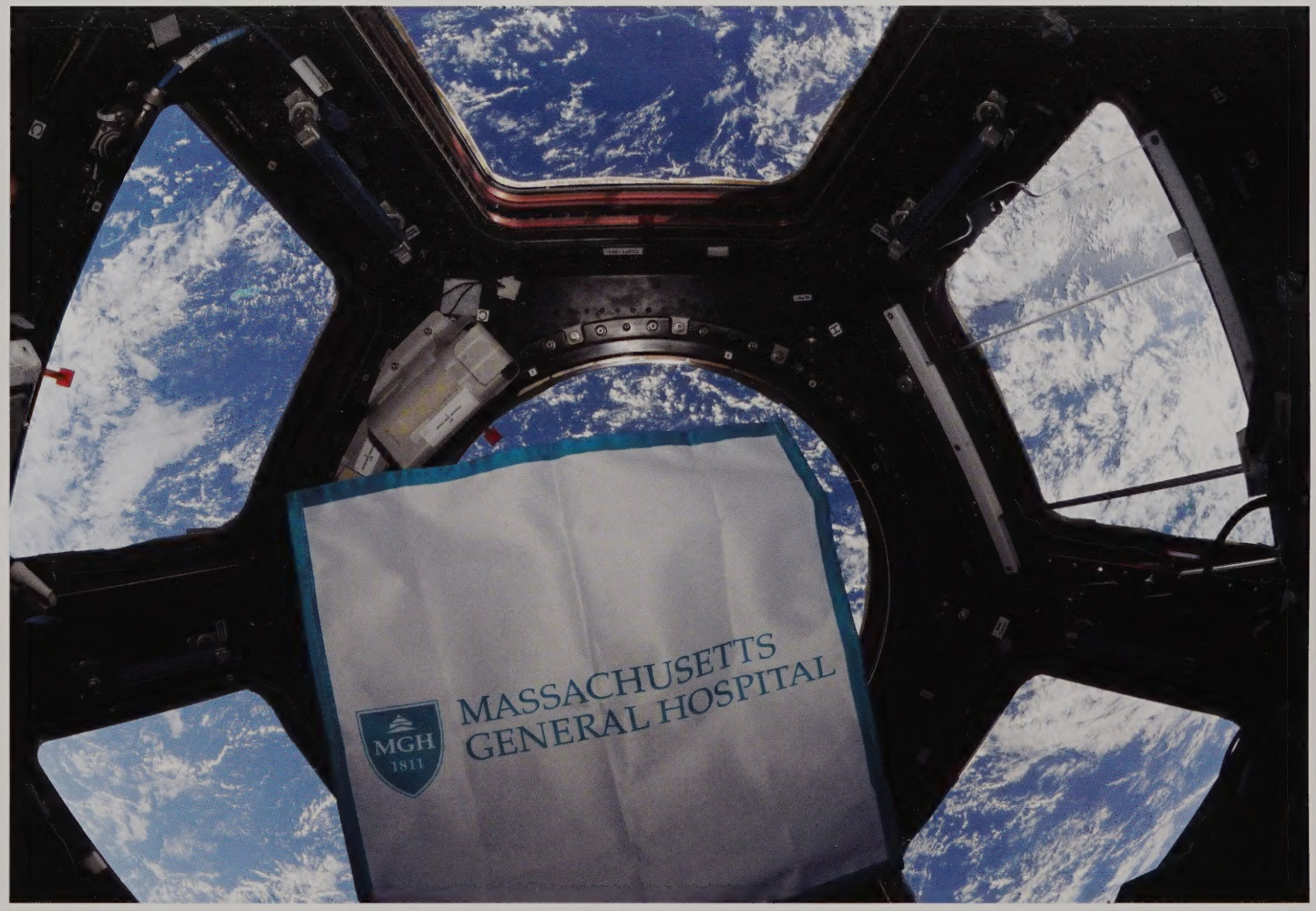
NASA astronaut Jessica Meir, PhD – a former researcher in the Department of Anesthesia, Critical Care and Pain Medicine who worked closely with Warren Zapol, MD, chief emeritus of the department – flies the MGH flag aboard the International Space Station during her six-month mission.

*Photo courtesy of NASA*




# 2020

## 2020 MGH Observed Holidays

May 25 - Memorial Day
July 4 - Independence Day

### MAY

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### JULY

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### AUGUST

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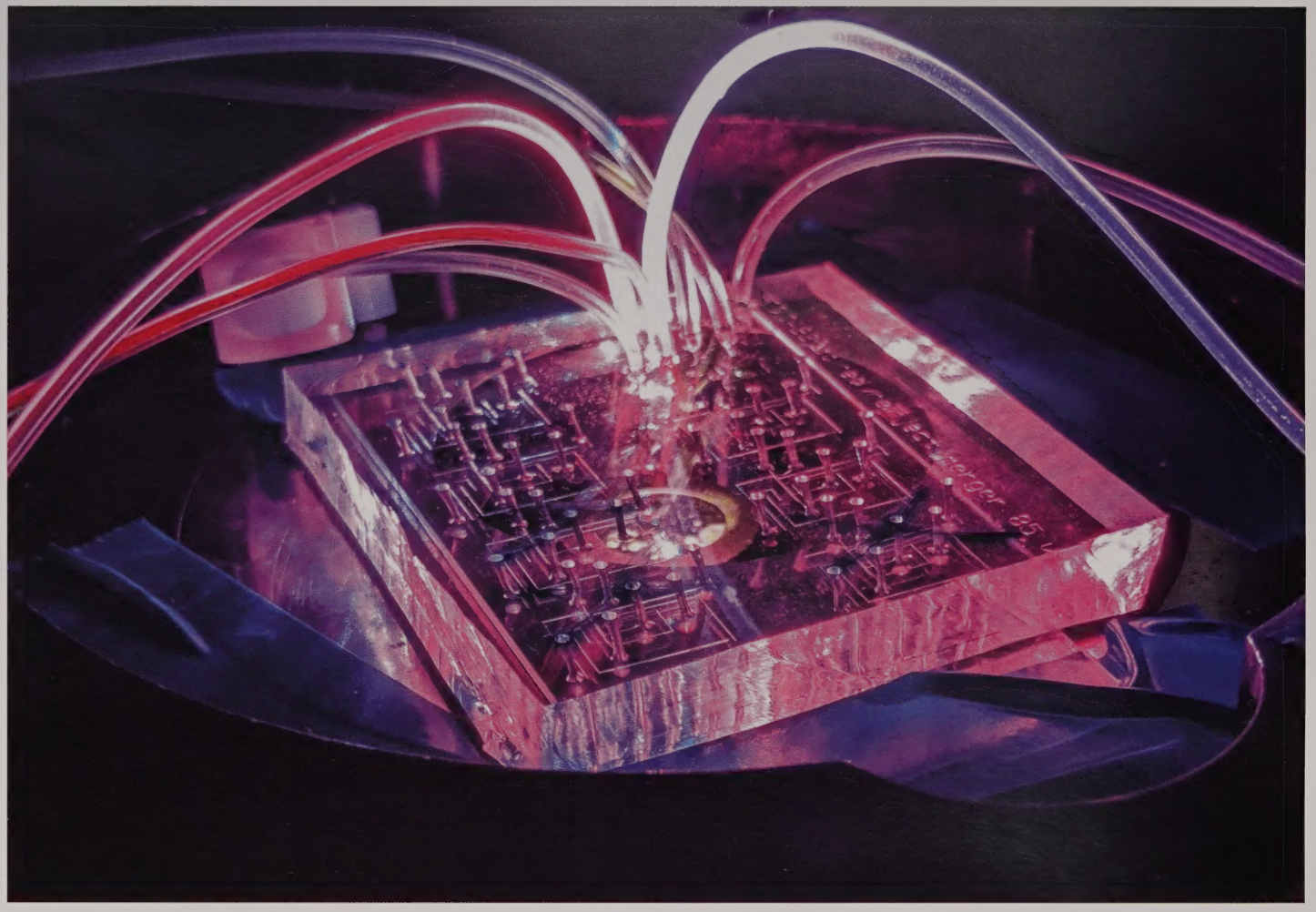
In the Stott Lab at the MGH Center for Cancer Research, scientists are exploring using microfluidic devices to analyze circulating tumor cells – cells that are shed from the primary tumor into the bloodstream – at a single cell resolution. These tools offer insights into the presence and status of cancer within the body, which can help in developing personalized treatment plans.

*Photo courtesy of Rohan Thakur, PhD*
*Stott Lab at the MGH Center for Cancer Research*



# 2020

## 2020 MGH Observed Holidays

Sept. 7 - Labor Day
Oct. 12 - Columbus Day
Nov. 26 - Thanksgiving Day
Dec. 25 - Christmas Day

### SEPTEMBER

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### OCTOBER

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### NOVEMBER

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### DECEMBER

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